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## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 1

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

Suffolk

(County)

Winthrop

(City or Town)

No. 5 Floyd St.

2 FULL NAME Berkeley Wolff Mossman  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 5 Floyd St. St. (If nonresident, give city or town and State)

Length of stay: In place of death 50 years months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 2, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
March 8, 1954, to January 2, 1958I last saw him alive on January 2, 1958, death is said to  
have occurred on the date stated above, at 4:35 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) acute myocardial infarction

2 hrs

Due To (b) arteriosclerotic thrombosis of  
coronary artery

2 hrs

Due To (c) arteriosclerotic heart disease

3 yrs

OTHER SIGNIFICANT CONDITIONS Generalized arterioscler-  
osis

5 yrs

Was autopsy performed? no

What test confirmed diagnosis? Clinical &amp; laboratory

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Dr. Traustein Jr. M. D.

(Address) 73 Bartlett Rd. Date Jan. 3, 1958  
Winthrop 52, Mass.6 Place of Burial or Cremation Everet, Mass.  
(City or Town)

DATE OF BURIAL Jan. 6 19

7 NAME OF FUNERAL DIRECTOR Howard S. Lequardt  
ADDRESS Winthrop, Mass.

Received and filed JAN 6 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 6 Months 1 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Investigator  
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. 012-6-7471

16 BIRTHPLACE (City) Chicago  
(State or country) Ill.

17 NAME OF FATHER Joseph Mossman

18 BIRTHPLACE OF FATHER (City) Scotland  
(State or country)

19 MAIDEN NAME OF MOTHER Geraldine Wolff

20 BIRTHPLACE OF MOTHER (City) Ottawa  
(State or country) Canada21 Informant (Address) Anna Mossman  
Floyd St. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46; G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without present medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

IR-301A

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)Winthrop Convalescent Home  
No. 142 Pleasant Street, Winthrop

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 2

2 FULL NAME Florence L. O'Connor (Pritchard)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

(a) Residence. No. 139 Revere Street, Winthrop St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 13 years months days.

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which causedns, if any,  
ave rise to  
cause (a),  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
ms to print or  
e cause or  
of death on  
rtificates.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 2 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Dec, 1939, to Jan 2, 1958I last saw her alive on Jan 2, 1958, death is said to  
have occurred on the date stated above, at 3:30 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) uremia - UREMIA

Due To  
(b)

6 mos.

Due To  
(c)

DUODENAL ULCER

OTHER SIGNIFICANT CONDITIONS Duodenal ulcer  
pyelonephritis

Was autopsy performed? No

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed) H. B. Greenfield, M. D.

(Address) 447 Shirley St.  
Winthrop Mass. Date 1-2 1958

6 Mt. Benedict Cemetery, Boston

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 4th 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed Jan 3 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female White

MARRIED  
WIDOWED  
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William J. O'Connor  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 77 Years 9 Months 9 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: At home

(Kind of work done during most of working life)

14 Industry

or Business: Housewife

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country) Boston Mass

17 NAME OF

FATHER

Joseph Pritchard

P

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME

OF MOTHER

Catherine (CBL)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

CBL

21

Informant

(Address)

Mrs. Emma F. O'Holloran-dau.

139 Revere St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/7/58

SOM-5-56-91753

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 3

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Baby Boy Orlandino

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 184 London St.  
(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)Does not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which causedns. if any,  
ave rise to  
cause (a),  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
ns to print or  
e cause or  
of death on  
ificates.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 5 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JAN 1, 1958, to JAN 5, 1958I last saw him alive on JAN 5, 1958, death is said to  
have occurred on the date stated above, at 1 PM m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity

INTERVAL  
BETWEEN  
ONSET AND  
DEATHDue To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS  
ATELECTASIS

Was autopsy performed? No

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed)

30 S. M. D.  
(Address) S. M. D. Date 1/5-19586 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 7, 1958

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath  
ADDRESS 98 Havre St. E. Boston

Received and filed JAN 7 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 4 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop  
(State or country) Mass.

17 NAME OF FATHER Edmund Orlandino

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Viglione

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.21 Informant Edmund Orlandino  
(Address) 184 London St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 1/7/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATH  
not enter  
than one  
for each  
(b) and (c)does not mean  
e of dying,  
heart failure,  
etc. It means  
se, or compli-  
which causedons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.itions contrib-  
death but not  
o the terminal  
condition given- Chapter 137,  
1954, requires  
ans to print or  
he cause or  
of death on  
certificates.

100M-11-55-916146

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 45 Fairview St

2 FULL NAME

Louis Enos

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

45 Fairview St

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 50 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 6 1958.  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

known 5, 1955, to January 6, 1958

I last saw him alive on January 5, 1958, death is said to

have occurred on the date stated above, at 4 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY THROMBOSIS

Due To

(b) HYPERTENSION

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

SEXUALITY

Was autopsy performed?

no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Louis F. Salerno

M. D.

(Address) 175 Pleasant St

Date

Jan 6 1958

6 Holy Cross Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL January 8 1958

7 NAME OF

FUNERAL DIRECTOR

Arthur J. O'Malley

ADDRESS

Winthrop

Received and filed

JAN 7 1958

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

Registered No. ....

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of Julia L. Grady

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 83

Years

Months

Days

If under 24 hours

Hours

Minutes

13

Usual

Occupation

Ret

Switchman

(Kind of work done during most of working life)

14 Industry

or Business:

Railroad

15 Social Security No.

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF

FATHER

Anthony Enos

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Azores

19 MAIDEN NAME

OF MOTHER Cannot be learned

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Cannot be learned

21

Informant

(Address)

Doris Mahaney

Orchard Lane Essex, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 5

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 95 HERMON ST.

2 FULL NAME THOMAS JOSEPH IANNELLI

(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 95 HERMON ST

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 9 months days. In place of residence 1 years 9 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 6 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended, deceased from  
3 January 1958 to January 6 1958

I last saw him alive on Jan 5 1958, death is said to

have occurred on the date stated above, at 12.20 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Gastro Enteritis  
Unknown EtiologyINTERVAL  
BETWEEN  
ONSET AND  
DEATH

5 days

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? None

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) John F. Collins, M. D.

(Address) Essex Mass Date 7 Jan 1958

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN 5 1958

7 NAME OF FUNERAL DIRECTOR Margaret H. Ruby  
ADDRESS WINTHROP

Received and filed JAN 7 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MALE WHITE MARRIED  
WIDOWED SINGLE  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 1 Years 9 Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry  
or Business:15 Social Security No.  
16 BIRTHPLACE (City) WINTHROP  
(State or country) MASS

17 NAME OF FATHER ALFRED IANNELLI

18 BIRTHPLACE OF FATHER (City) EAST BOSTON  
(State or country) MASS

19 MAIDEN NAME OF MOTHER BARBARA ANN OCHERTY

20 BIRTHPLACE OF MOTHER (City) WINTHROP  
(State or country) MASS21 Informant ALFRED IANNELLI  
(Address) 95 HERMON ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 1/7/58  
(Official Designation) (Date of Issue of Permit)

R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
se, or compli-  
which causedons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.itions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
ans to print or  
e cause or  
of death on  
certificates.

100M-11-55-916145

EXTRACTS  
FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATH

not enter  
than one  
for each  
b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
→ death, or compli-  
which caused

is, if any,  
have rise to  
cause (a),  
the under-  
cause last.

ons contrib-  
death but not  
the terminal  
condition given

Chapter 137,  
1954, requires  
to print or  
cause or  
of death on  
ificates.

50M-5-57-920345

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

2 FULL NAME Charles Celestin Saben

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 203 Main Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 7 months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 8 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from  
JAN 22, 1954, to JAN 8, 1958

I last saw him alive on 1/8, 1958, death is said to

have occurred on the date stated above, at 9:32 P. M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 HRS

Due To (b) GENERAL ARTERIO-SCLEROSIS  
ARTERIO-SCLEROTIC HEART DISEASEAND CONGESTIVE FAILURE  
DUE TO GANGRENE OF LEFT TOES

OTHER SIGNIFICANT CONDITIONS PARKINSON'S DIS.

5 YRS

9 MO

6 YRS

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No.  
If so, specify

(Signed) Myron D. King, M. D.

(Address) 222 PLEASANT ST WINTHROP, MA 01890 Date 1/8 1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 10, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed 1/13/58

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 6

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED  
WIDOWED widowed  
or DIVORCED

male white

10a If married, widowed, or divorced

HUSBAND of Anna Helen Jacobson  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 81 Years 11 Months 23 Days

If under 24 hours  
Hours Minutes13 Usual Occupation: retired Barber  
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. 033-26-1312-A.

16 BIRTHPLACE (City) Rome Italy  
(State or country)

17 NAME OF FATHER Angelo Saben

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Josephine Molla

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)Informant Mrs. Ralph J. Coffman  
(Address) 203 Main St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/10/58

V.B.1

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
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A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which causeds, if any,  
ve rise to  
ause (a),  
the under-  
ause last.ons contrib-  
death but not  
the terminal  
dition givenChapter 137,  
954, requires  
s to print or  
cause or  
death on  
ificates.

50M-3-36-917575

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

121 Locust St

2 FULL NAME

Richard Irving Webber

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

121 Locust St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 6 months days. In place of residence years 9 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

8 January 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19, 19, death is said to

have occurred on the date stated above, at 7:15 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To

(b) Presumably Coronary

Occlusion

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

no

What test confirmed diagnosis?

clinical

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Arthur C. Murray M. D.

(Address) Winthrop Board of Health 9 Jan 1958

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan. 10 1958

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Howard S. Reynolds

Received and filed

JAN 9 1958

19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 63 Years 7 Months 15 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Electrician

(Kind of work done during most of working life)

14 Industry

or Business:

Shipyard

15 Social Security No.

021-01-7244

16 BIRTHPLACE (City)

New York City

(State or country)

New York

17 NAME OF  
FATHER

Unable to obtain

18 BIRTHPLACE OF

FATHER (City)

Unable to obtain

(State or country)

Unable to obtain

19 MAIDEN NAME

OF MOTHER

Unable to obtain

20 BIRTHPLACE OF

MOTHER (City)

Unable to obtain

(State or country)

Unable to obtain

21

Informant

(Address)

Harry Webber

121 Locust St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Seymour

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as ~~are supposed~~ to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 8

No. Bay View Nursing Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Carrie Edda Carpenter

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, NO.  
if so specify WAR)

(a) Residence, No. 23 Ingleside Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 4 months days. In place of residence 60 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 13 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

Feb 1957 to JAN 13 1958

I last saw her alive on JAN 13 1958, death is said to  
have occurred on the date stated above, at 11:53 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart  
Disease

Due To (b) arteriosclerosis -

generalized

Due To (c) hypertension  
essentialOTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Joseph Eugene Carpenter, M. D.

(Address) 19 Washington St. Date 1-14 1958

6 Forrest Hill Cemetery Fitchburg, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 17 1958

7 NAME OF FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

JAN 14 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED widowed  
WIDOWED  
or DIVORCED

female white

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Austin Eugene Carpenter  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 87 Years 2 Months 21 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: housewife

(Kind of work done during most of working life)

14 Industry

or Business: own home

15 Social Security No.

none

16 BIRTHPLACE (City)

Fitchburg

(State or country)

17 NAME OF FATHER

David Pierce

P

18 BIRTHPLACE OF

FATHER (City)

Fitchburg

(State or country)

19 MAIDEN NAME

OF MOTHER

Angeline Maria Bennd

20 BIRTHPLACE OF

MOTHER (City)

Westmoreland

(State or country)

New Hampshire

Informant

(Address)

Mrs. Lawrence P. Stone

23 Ingleside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS  
OR  
CERTIFICATEiving  
F DEATHenter  
an one  
or each  
) and (c)s not mean  
of dying,  
art failure,  
It means  
or compli-  
which caused, if any,  
ve rise to  
use (a),  
he under-  
use last.ns contrib-  
ath but not  
the terminal  
dition givenchapter 137,  
54, requires  
to print or  
cause or  
death on  
ificates.

50M-3-36-817373

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

9

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

No.

106 Bowdoin St.

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

James Hodge Law

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

I

(a) Residence, No.

106 Bowdoin

St.

(If nonresident, give city or town and State)

Length of stay: In place of death

19

months

days

In place of residence

47

years

months

days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF

DEATH

January 13, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

29 Jun, 1956, to 13 January, 1958

I last saw him alive on 19 Dec, 1957, death is said to

have occurred on the date stated above, at 5 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Lung  
(Bronchogenic)

Due To

(b)

2 yrs

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

no

What test confirmed diagnosis?

biopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

13 Jan 1958

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Jan 15

1958

7 NAME OF

FUNERAL DIRECTOR

Howard S. Reynolds

ADDRESS

180 Winthrop St. W. Throp.

Received and filed

JAN 14 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

male white

10a If married, widowed, or divorced

HUSBAND of Henrietta Sadie Files

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

64

Years

0

Months

9

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Electrician

(Kind of work done during most of working life)

14 Industry

or Business:

Shipyard

15 Social Security No.

028-09-8003

16 BIRTHPLACE (City)

(State or country)

Glasgow Scotland

17 NAME OF

FATHER

Alexander Law

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Glasgow  
Scotland

19 MAIDEN NAME

OF MOTHER

HORA RAE

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Aberdeen  
Scotland

21

Informant

(Address)

Mrs H. Sadie Law  
106 Bowdoin St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Ho.

Jan. 14 / 58

(Official Designation)

(Date of Issue of Permit)

V.B.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

*Also member of State Guard from Nov 1944 to Oct. 1946*  
*October 4, 1917*  
*December 4, 1918*  
*First Sergeant 47th Col 12th Bri 151st Depot Brigade*  
*U.S Army*  
*1675646*

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 156 Somerset Ave

2 FULL NAME Archibald F. Campbell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 156 Somerset Ave  
(Usual place of abode)St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Length of stay: In place of death. years. months. days. In place of residence 10 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 14 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 1958, to 1958, death is said to

have occurred on the date stated above, at 2 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Coronary

Occlusion  
Due To (c) Arteriosclerotic Heart

OTHER SIGNIFICANT CONDITIONS Disease

Was autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur J. O'Malley, M. D.

Winthrop Board of Health  
Date 14 Jan 19586 Glenwood Everett Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 17 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley  
Winthrop Mass

Received and filed JAN 15 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 40

To be filed for burial permit  
with Board of Health  
or its Agent.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Anna Olsen  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 80 AGE Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Retired Electrician  
(Kind of work done during most of working life)

14 Industry or Business: Auto. Fire Alarm

15 Social Security No. 022-10-8010

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER Angus Campbell

18 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)

19 MAIDEN NAME OF MOTHER Annie O'Hanley

20 BIRTHPLACE OF MOTHER (City) Conneticut  
(State or country)21 Informant Anna Campbell  
(Address) 156 Somerset Ave WinthropI HERERY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/15/58  
K.B. V

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

R-301A

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to print or  
cause or  
death on  
ificates.

50M-5-57-920345

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 11

1 No. 152 Shirley  
2 FULL NAME Philip Cronson  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(If death occurred in a hospital or institution, St. [give its NAME instead of street and number])  
PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) no(a) Residence. No. 74 Cross St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 16, 1958  
(Month) (Day) (Year)  
4 I HEREBY CERTIFY, That I attended deceased from October, 1956, to Jan. 16, 1958  
I last saw him alive on 1/15/1958, death is said to have occurred on the date stated above, at 8:30 A. M.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion, acute

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1/2 hr.

(b) Due To Coronary-Arteriosclerotic Heart Disease. 3 yrs.

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONS

None.

Was autopsy performed? No  
What test confirmed diagnosis? Clinical.5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Charles Liberman, M. D.  
(Address) Winthrop, Mass. Date 1/16/1958Place of Burial or Cremation Tifereth Israel of Winthrop, Everett  
(City or Town)

DATE OF BURIAL January 17, 1958

7 NAME OF FUNERAL DIRECTOR Hyman J. Torf.  
ADDRESS 151 Washington Ave. Chelsea

Received and filed JAN 16 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Married  
WIDOWED or DIVORCED10a If married, widowed, or divorced HUSBAND of Minnie Pinkos  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 26 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: Grocer (Retired)  
(Kind of work done during most of working life)

14 Industry or Business: Retail Foods

15 Social Security No. unknown

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Beryl Cronson

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER (C. B. L.)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Minnie Cronson  
(Address) 74 Cross St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/16/58

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
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1954, requires  
ns to print or  
e cause or  
of death on  
rtificates.

50M-5-57-920345

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 12

1 No. 411 SHIRLEY ST. (If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME CATHERINE MIRAGEAS (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 411 SHIRLEY ST. St. WINTHROP (If nonresident, give city or town and State)

Length of stay: In place of death years 8 months days. In place of residence years 8 months days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
3 DATE OF DEATH JANUARY 16 1958 (Month) (Day) (Year)		8 SEX FEMALE	9 COLOR WHITE
4 I HEREBY CERTIFY, That I attended deceased from Dec. 1957, to Jan. 16, 1958 I last saw her alive on Jan. 14, 1958, death is said to have occurred on the date stated above, at 12:00 p.m.		10 SINGLE (write the word) MARRIED MARRIED WIDOWED or DIVORCED	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute left ventricular dilatation		10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of JOHN MIRAGEAS (Husband's name in full)	
Due To (b) myocardial heart disease		11 IF STILLBORN, enter that fact here.	
Due To (c) arteriosclerosis		12 AGE 47 Years Months Days If under 24 hours Hours Minutes	
OTHER SIGNIFICANT CONDITIONS Obesity - marked		13 Usual Occupation: HOUSEWIFE (Kind of work done during most of working life)	
Was autopsy performed? No		14 Industry or Business: AT HOME	
What test confirmed diagnosis?		15 Social Security No. NONE	
5 Was disease or injury in any way related to occupation of deceased? If so, specify		16 BIRTHPLACE (City) (State or country) LOWELL, MASS.	
(Signed) Mary E. DeGore, M. D.		17 NAME OF FATHER JOHN KONINOPOULOS	
(Address) 174 Washington St. Date 1-17-58		18 BIRTHPLACE OF FATHER (City) (State or country) GREECE	
6 147 HOPE CEM. BOSTON, MASS.		19 MAIDEN NAME OF MOTHER ANGELINE FARFARAS	
Place of Burial or Cremation (City or Town)		20 BIRTHPLACE OF MOTHER (City) (State or country) GREECE	
DATE OF BURIAL JAN. 18, 1958		21 Informant (Address) JOHN MIRAGEAS 411 SHIRLEY ST, WINTHROP	
7 NAME OF FUNERAL DIRECTOR Arthur C. Hasiotis		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.	
ADDRESS 1642 Commonwealth Ave. Bally Mac, York C. + Mary		(Signature of Agent of Board of Health or other)	
Received and filed Jan. 17, 1958		Death Cycle 1/17/58	
(Registrar)		(Official Designation)	
		(Date of Issue of Permit)	

X

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

IDNS

IFICATE

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50M-56-917573

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

13

STANDARD  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

PLACE OF DEATH

Suffolk (County)  
Winthrop (City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bailey Gire De Angelis  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 313 Chelsea  
(Usual place of abode)St. East Boston  
(If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 18 58  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JANUARY 18, 1958, to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on JAN. 18, 1958, death is said to  
have occurred on the date stated above, at 6:45 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
9 hrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Atelectasis

Due To (b) Hydrocephalus  
Spina Bifida

Due To (c) \_\_\_\_\_

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) John S. Canada, M. D.

(Address) 27 Saratoga St. Date Jan 18 1958

6 St. Michael's (City or Town) Boston  
DATE OF BURIAL Jan 20 19587 NAME OF FUNERAL DIRECTOR Frederick J. Magrath  
ADDRESS East Boston

Received and filed. JAN 20 1958 19\_\_\_\_

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days If under 24 hours  
9 Hours \_\_\_\_\_ Minutes13 Usual Occupation: \_\_\_\_\_  
(Kind of work done during most of working life)

14 Industry or Business: \_\_\_\_\_

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Winthrop Mass.  
(State or country)

17 NAME OF FATHER Michael De Angelis

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Cardinale

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.21 Informant (Address) Michael De Angelis  
313 Chelsea St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issuance of Permit)



## COPY OF CERTIFICATE OF DEATH

## CERTIFICATE OF DEATH

STATE OF NEW HAMPSHIRE

TOWN OR CITY **63**  
CLERK'S NO. **14**

1. NAME OF DECEASED (TYPE OR PRINT) <b>Harry Barry Wood</b>			2. DATE OF DEATH <b>Jan. 18, 1958</b>		
3. PLACE OF DEATH A. COUNTY <b>Hillsborough</b>			4. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Massachusetts</b> B. COUNTY <b>Essex</b>		
B. CITY OR TOWN <b>Manchester</b>			C. CITY (GIVE ACTUAL TOWN OF RESIDENCE, NOT MAILING ADDRESS) OR TOWN <b>Merrimack</b>		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Veterans Adm. Hospital</b>			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>8 Lancaster Court</b>		
5. SEX <b>male</b> 6. COLOR OR RACE <b>white</b> 7. MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			8. NAME OF HUSBAND OR WIFE (MAIDEN NAME IF WIFE) <b>-</b>		
9. DATE OF BIRTH <b>4-10-84</b> 10. AGE (IN YEARS LAST BIRTHDAY) <b>73</b> IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.			11A. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>male nurse</b> 11B. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>		
12. BIRTHPLACE (CITY OR TOWN, STATE OR FOREIGN COUNTRY) <b>New Brunswick, Canada</b>			13. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
14. FATHER'S NAME <b>Thomas Wood</b>			15. MOTHER'S MAIDEN NAME <b>Viney McKay</b>		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>yes 3-22-18 to 8-22-19</b>			17. SOC. SEC. NO. <b>unknown</b>		
18A. INFORMANT <b>Vet. Adm. Hospital Records</b>			18B. ADDRESS <b>Smyth Rd., Manchester, N.H.</b>		
19. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Hydropneumothorax</b>					INTERVAL BETWEEN ONSET AND DEATH <b>days</b>
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Arteriosclerotic hypertensive cardio-vascular disease, congestive failure, coronary occlusion</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) <b>pulmonary emphysema and fibrosis</b>					20. WAS AUTOPSY PERFORMED? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
21A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			21B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 19.)		
21C. TIME OF INJURY MONTH DAY YEAR HOUR M.					
21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
21F. CITY, TOWN OR LOCATION			COUNTY STATE		
22. I attended the deceased from <b>12-6-57</b> to <b>1-18-58</b> and last saw <b>her</b> alive on <b>1-18-58</b> . Death occurred at <b>10:35 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
23A. SIGNATURE <b>H. Parker Wetherbee, M.D.</b>			23B. ADDRESS <b>VAB, Manchester, N.H.</b>		
23C. DATE SIGNED <b>1-18-58</b>					
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE <b>1-21-58</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Winthrop Cemetery</b>	
24D. LOCATION (CITY, TOWN, OR COUNTY) <b>Winthrop Highlands, Mass.</b>		24E. PLACE OF BURIAL		24F. DATE	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Pillsbury &amp; Gale, Amesbury, Mass.</b>		ADDRESS		COUNTERSIGNED-AGENT (CITY BD. OF HEALTH) DATE <b>James J. Powers, M.D. 1-18-58</b>	
DATE REC'D BY TOWN OR CITY CLERK <b>January 20, 1958</b>		CLERK'S OWN SIGNATURE <b>M.J. Quinn</b>		CLERK OF <b>Manchester, N.H.</b>	

A true copy, Attest: *M.J. Quinn* Clerk of **Manchester** Dated **1-20-58**

JAN 2 1958

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Bay View Nursing Home

No.



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 15

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)}

2 FULL NAME Laura E (McKie) Jordan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 41 Washington Ave St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 3 years months days.

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
se for each  
, (b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
case, or compli-  
which caused

tions, if any,  
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cause (a),  
g the under-  
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ditions contrib-  
o death but not  
to the terminal  
condition given

Chapter 137,  
1954, requires  
ans to print or  
the cause or  
of death on  
certificates.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 20 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Sept. 1955, to January 1958  
I last saw her alive on 20 Jan 1958, death is said to  
have occurred on the date stated above, at 1:25 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia 2 days

Due To Upper Respiratory Infection 4 days  
(b)

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Generalized Arteriosclerosis

Was autopsy performed? no  
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signature) Arthur C. Murray, M. D.

(Address) Winthrop, Mass. Date 20 Jan 1958

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL Jan. 22 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed JAN 22, 1958 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widow

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
Robert F Jordan  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.  
12 AGE 80 Years 7 Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER William McKie

18 BIRTHPLACE OF FATHER (City) Unable to Obtain  
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Sarah Burke

20 BIRTHPLACE OF MOTHER (City) Unable to Obtain  
(State or country) Prince Edward Island

21 Informant Herbert W Jordan  
(Address) 15 Lowell Rd. Wellesley Hills

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/22/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary Edition).

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Chap. 114, Sec. 46, G. L., (Centenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is issued.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATH

not enter  
than one  
e for each  
(b) and (c)

does not mean  
de of dying,  
heart failure,  
etc. It means  
se, or compli-  
which caused

ons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

itions contrib-  
death but not  
o the terminal  
condition given

Chapter 137,  
1954, requires  
ans to print or  
he cause or  
of death on  
certificates.

504-3-36-56-18-7575

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 16

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. 58 Harbor View Ave.

{(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME William J Anderson  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 58 Harbor View Ave. St. (If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence 4 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 21 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 4, 1954, to Jan. 21, 1958  
I last saw him live on Jan. 21, 1958, death is said to

have occurred on the date stated above, at 10 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral hemorrhage

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
10 hrs

Due To (b) Cerebral arteriosclerosis 2 yrs

Due To (c) Generalized arteriosclerosis 4 yrs

OTHER SIGNIFICANT CONDITIONS Diabetes mellitus 4 yrs

Was autopsy performed? no  
What test confirmed diagnosis? clinical & laboratory

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Maurice Traubstein, Jr., M. D.

(Address) 73 Bartlett Rd. Date 1-22-58

6 Place of Burial or Cremation Borton  
(City or Town)

DATE OF BURIAL Jan. 24 1958

7 NAME OF FUNERAL DIRECTOR Raymond Reynolds  
ADDRESS 111 Main St.

Received and filed JAN 23 1958 19  
Joseph F. O'Hern, Jr.  
(Registrar) (T.A.)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed or divorced  
HUSBAND of Christine Gillis  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 99 Years 9 Months 0 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Barnes & Her  
(Kind of work done during most of working life)

14 Industry or Business: Barnes shop

15 Social Security No. None

16 BIRTHPLACE (City) Ireland  
(State or country)

17 NAME OF FATHER George Anderson

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Fannie Crosby

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

21 Informant (Address) 58 Harbor View Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also insert in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

1 R-301A

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
e for each  
(b) and (c)

does not mean  
de of dying,  
heart failure,  
etc. It means  
cause, or compli-  
which caused

ions, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

ditions contrib-  
death but not  
to the terminal  
condition given

- Chapter 137,  
1954, requires  
ans to print or  
he cause or  
of death on  
certificates.

100M-11-95-916145

**PLACE OF DEATH**

1 Suffolk  
(County)

Winthrop  
(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Katherine E. Brennan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 28 Thornton St.  
(Usual place of abode)

Length of stay: In place of death.....years.....months22 days. In place of residence 45 years.....months.....days.

**The Commonwealth of Massachusetts**  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

**STANDARD**  
**CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 18

**MEDICAL CERTIFICATE OF DEATH**

3 DATE OF DEATH Jan 24 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Dec 26, 1958, to Jan 24, 1958  
I last saw her alive on Jan 23, 1958, death is said to  
have occurred on the date stated above, at 12:35 PM.

**DEATH WAS CAUSED BY: IMMEDIATE CAUSE**

(a) Pneumonia (terminal) 3 days

Due To (b) myocardial heart disease yes

Due To (c) arteriosclerosis yes

**OTHER SIGNIFICANT CONDITIONS** hypertension - 20 yes

Was autopsy performed?.....  
What test confirmed diagnosis?.....

5 Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) Joseph J. Gregore, M. D.  
(Address) 19 Winthrop St. Date 1-24 1958

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 27, 1958

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano  
ADDRESS 147 Winthrop St., Winthrop

Received and filed JAN 24 1958

(Registrar)

**PERSONAL AND STATISTICAL PARTICULARS**

8 SEX <u>female</u>	9 COLOR <u>white</u>	10 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u> <u>single</u>
---------------------	----------------------	--

10a If married, widowed, or divorced  
HUSBAND of.....  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 7 Months 22 Days  
If under 24 hours  
Hours.....Minutes

13 Usual Occupation: At home  
(Kind of work done during most of working life)

14 Industry or Business: home

15 Social Security No.....

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER Neil P. Brennan

**PARENTS**

18 BIRTHPLACE OF FATHER (City).....  
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Ellen Barr

20 BIRTHPLACE OF MOTHER (City).....  
(State or country) Ireland

21 Informant Charles D. Kiely  
(Address) 119 Armandine St. Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Raymond C. McLaughlin  
(Signature of Agent of Board of Health or other)

Mark Brown 1/24/58  
(Official Designation) (Date of Issue of Permit)

V.B.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MR-301A

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which caused

ns, if any,  
have rise to  
cause (a),  
the under-  
cause last.

tions contrib-  
death but not  
to the terminal  
condition given

Chapter 137,  
1954, requires  
ns to print or  
e cause or  
of death on  
rtificates.

SOM-3-56-917573

X  
PLACE OF DEATH

Suffolk  
(County)

Winthron  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 19

No. Bay View Nursing Home

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Anna I (Stange) Johnson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 74 Atlantic  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 55 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 27 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
APRIL 20, 1924, to JAN 22, 1958  
I last saw h alive on JAN 22, 1958, death is said to

have occurred on the date stated above, at 11:12 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO SCLEROTIC HEART DIS  
WITH CONGESTIVE FAILURE 2 YRS

Due To (b) GENERAL ARTERIO-SCLEROSIS 3 YRS

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS None

Was autopsy performed? No  
What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Dr. J. H. King, M. D.

(Address) 111 Pleasant St. Date 1/28 1958

6 Winthron Winthron  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Jan. 30 1958

7 NAME OF FUNERAL DIRECTOR Edward J. Ryan  
ADDRESS - 111 Pleasant St. Winthron

Received and filed JAN 29 1958 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
Female White MARRIED  
WIDOWED  
or DIVORCED Widow

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of John I. Johnson  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 1 Months 12 Days  
If under 24 hours  
Hours Minutes

13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 027-28-4233

16 BIRTHPLACE (City) Tonsberg  
(State or country) Norway

17 NAME OF FATHER Paul A Stange

18 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country) Norway

19 MAIDEN NAME OF MOTHER BERNITSEN  
Annah Bernitson

20 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country) Norway

21 Informant (Address) Emma S. Johnson  
74 Atlantic St. Winthron

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/29/58

Ms. Speltz/Daughter

1.24

CORRECT  
BERATSEN

chapter forty-six,  
the United States  
upon the permit.  
nt and certificate,  
town for registra-  
ysician certifying  
other necessary  
to the manner or  
chap. 114, Sec. 45,

EXTR  
FROM THE L  
COMMONWEALTH C  
GOVERN

RETURN OF CERTI

A physician or registered hospital  
death of a person whom he has attend  
of an undertaker or other authorized  
the deceased, furnish for registration a s  
best of his knowledge and belief the na  
disease of which he died, defined as r  
contracted, the duration of his last illn  
officer and the date of his death. .

AP

ANNA JOHN SON  
1-27-57

f the dead bodies  
by the action of  
or from diseases  
suddenly when not  
dead. . . General  
Sec. 4, Acts of 1945.

A physician or officer furnishing a  
preceding section or by section forty-five of chapter one hundred and four-  
teen, shall, if the deceased, to the best of his knowledge and belief, served in the  
army, navy or marine corps of the United States in any war in which it has been  
engaged, insert in the certificate a recital to that effect, specifying the war, and  
shall also certify in such certificate both the primary and the secondary or im-  
mediate cause of death as nearly as he can state the same. For neglect to comply  
with any provision of this section, such physician or officer, shall forfeit ten dollars.  
For the purposes of this section and of sections forty-five, forty-six and forty-seven  
of said chapter one hundred and fourteen, the word "war" shall include the China  
relief expedition and the Philippine insurrection, which shall, for said purposes, be  
deemed to have taken place between February fourteenth, eighteen hundred and  
ninety-eight and July fourth, nineteen hundred and two, and the Mexican border  
service of nineteen hundred and sixteen and nineteen hundred and seventeen.  
G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body  
in a town, or remove therefrom a human body which has not been buried, until he  
has received a permit from the board of health, or its agent appointed to issue  
such permits, or if there is no such board, from the clerk of the town where the  
person died; and no undertaker or other person shall exhume a human body and  
remove it from a town, from one cemetery to another, or from one grave or tomb  
other than the receiving tomb to another in the same cemetery, until he has  
received a permit from the board of health or its agent aforesaid or from the clerk  
of the town where the body is buried. No such permit shall be issued until there  
shall have been delivered to such board, agent or clerk, as the case may be,  
a satisfactory written statement containing the facts required by law to be  
returned and recorded, which shall be accompanied, in case of an original inter-  
ment, by a satisfactory certificate of the attending physician, if any, as required by  
law, or in lieu thereof a certificate as hereinafter provided. If there is no attending  
physician, or if, for sufficient reasons, his certificate cannot be obtained early  
enough for the purpose, or is insufficient, a physician who is a member of the board  
of health, or employed by it or by the selectmen for the purpose, shall upon  
application make the certificate required of the attending physician. If death is  
caused by violence, the medical examiner shall make such certificate. If such a  
permit for the removal of a human body, not previously interred, from one town  
to another within the commonwealth cannot be obtained early enough for the  
purpose, the certificate of death made as above provided and in the possession of  
the undertaker desiring to make such removal shall constitute a permit for such  
removal; provided, that such body shall be returned to the town from which it was  
removed within thirty-six hours after such removal, unless a permit in the usual  
form for the removal of such body has been sooner obtained hereunder. If the

bury a human body or the ashes thereof  
commonwealth until he has received a permit  
so to do from the board of health or its agent appointed to issue such permits, or  
if there is no such board, from the clerk of the town where the body is to be buried  
or the funeral is to be held, or from a person appointed to have the care of the  
cemetery or burial ground in which the interment is made.  
Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

- The fulfillment of the purpose of these laws calls for the observance of the follow-  
ing rules of practice:
- (1) **Attending physicians** will certify to such deaths only as those of persons  
to whom they have given bedside care during a last illness from disease unrelated  
to any form of injury.
  - (2) **Board of Health physicians** will certify to such deaths only as those of  
persons who, though disabled by recognized disease unrelated to any form of  
injury, have died without recent medical attendance or whose physician is absent  
from home when the certificate of death is needed.
  - (3) **Medical Examiners** will investigate and certify to all deaths supposably  
due to injury. These include not only deaths caused directly or indirectly by  
traumatism (including resulting septicemia), and by the action of chemical  
(drugs or poisons) thermal, or electrical agents, and deaths following abortion, but  
also deaths from disease resulting from injury or infection related to occupation,  
the sudden deaths of persons not disabled by recognized disease, and those of  
persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions  
on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very import-  
ant, so that the relative healthfulness of various pursuits can be known. Make  
some entry in this section for every person aged 10 years or over. If the occupa-  
tion had been given up or changed, or if the deceased had retired from business,  
report the kind of work done during most of working life even if retired. Children  
not gainfully employed may be returned as at school or at home. For a woman  
whose only occupation was that of home housework, write housework. For a  
person engaged in domestic service for wages, however, designate the occupation  
by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For  
a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MR-301A

INSTRUCTIONS  
FOR  
CERTIFICATEa giving  
OF DEATHnot enter  
than one  
e for each  
(b) and (c)does not mean  
de of dying,  
heart failure,  
etc. It means  
ase, or compli-  
which causedions, if any,  
gave rise to  
cause (a),  
the under-  
cause last.itions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
ans to print or  
he cause or  
of death on  
certificates.Hasiotis  
50M-3-37-920345

PLACE OF DEATH

1

SUFFOLK  
(County)WINTHROP  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 20

No. 39 PEARL AVENUE

{(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])2 FULL NAME NAZIRA RADICHES  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, No  
if so specify, WAR)(a) Residence. No. 106 WESTMINSTER  
(Usual place of abode)St. HYDE PARK, MASS  
(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 28 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Dec 1957, to Jan 20, 1958  
I last saw her alive on Jan 20, 1958, death is said to  
have occurred on the date stated above, at 2:00 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 1/2 hrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARCINOMA of right  
breast with metastasis

Due To (b) \_\_\_\_\_

Due To (c) \_\_\_\_\_

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Operation5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Harvey J. Hasiotis, M. D.

(Address) 36-42 Comm Ave, Boston, Mass. Date Jan 20 1958

6 M.T. HOPE CEM. BOSTON, MASS  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JAN. 29 1958

7 NAME OF FUNERAL DIRECTOR Fulant C. Hasiotis  
ADDRESS 36-42 Comm Ave, Boston, Mass.

Received and filed JAN 29 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED WIDOWED10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)  
(or) WIFE of ARTHUR RADICHES  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: HOUSEWIFE  
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. 026-22-3240

16 BIRTHPLACE (City) SYRIA  
(State or country)

17 NAME OF FATHER JOHN ZAYNE

18 BIRTHPLACE OF FATHER (City) SYRIA  
(State or country)

19 MAIDEN NAME OF MOTHER ROSE PSELLY

20 BIRTHPLACE OF MOTHER (City) SYRIA  
(State or country)Informant DANNIEL RADICHES  
(Address) 39 PEARL ST. WINTHROP, MASSI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/29/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MR-301A

INSTRUCTIONS  
FOR  
CERTIFICATEIn giving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
cause, or compli-  
which causedions, if any,  
gave rise to  
cause (a),  
the under-  
cause last.ditions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
ans to print or  
the cause or  
of death on  
certificates.

50M-5-57-920345

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 21

No. 41 Tileston Road

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME Albert Ernest Pearce

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 41 Tileston Road

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 38 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 29 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from  
Dec 1957 to Jan. 29 1958I last saw him alive on Jan. 29, 1958 death is said to  
have occurred on the date stated above, at 11:50A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of Stomach.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 mos.

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

None.

Was autopsy performed? No

What test confirmed diagnosis? Clinical + X-ray

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass. Date 1/30/1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 1, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JAN 31 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED  
WIDOWED married  
or DIVORCEDmale white  
10a If married, widowed, or divorcedHUSBAND of Rosa Bray  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 7 Months 11 Days  
If under 24 hours Hours Minutes13 Usual Occupation: retired linotype operator  
(Kind of work done during most of working life)

14 Industry or Business commercial printing co.

15 Social Security No. 010-05-9197

16 BIRTHPLACE (City) London  
(State or country) England

17 NAME OF FATHER John Owen Pearce

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Rachel George

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)21 Informant Roland Pearce  
(Address) 41 Tileston RoadI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
March 1/31/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
de of dying,  
heart failure,  
etc. It means  
ise, or compli-  
which caused

ons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

itions contrib-  
death but not  
o the terminal  
condition given

Chapter 137,  
1954, requires  
ans to print or  
be cause or  
of death on  
certificates.

50M-5-57-920345

**PLACE OF DEATH**

1 Suffolk  
(County)

Winthrop  
(City or Town)

**The Commonwealth of Massachusetts**

**EDWARD J. CRONIN**  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

**STANDARD  
CERTIFICATE OF DEATH**

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 22

No. 405 Revere Street (If death occurred in a hospital or institution, St. [give its NAME instead of street and number])

2 FULL NAME William Smith (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 405 Revere Street St. (If nonresident, give city or town and State)

Length of stay: In place of death 51 years 1 months 1 days. In place of residence 51 years 1 months 1 days.

MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS	
<p>3 DATE OF DEATH <u>January 29, 1958</u> (Month) (Day) (Year)</p> <p>4 I HEREBY CERTIFY, That I attended deceased from <u>JAN 28</u>, 19<u>58</u>, to <u>JAN 29</u>, 19<u>58</u> I last saw him alive on <u>JAN 29</u>, 19<u>58</u>, death is said to have occurred on the date stated above, at <u>8:15 A</u> m.</p> <p>DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u></p> <p>Due To (b) <u>BRONCHOPNEUMONIA</u></p> <p>Due To (c) <u>ARTERIO-SCLEROTIC HEART Ds.</u></p> <p>OTHER SIGNIFICANT CONDITIONS <u>SENILE PSYCHOSIS MILD</u></p> <p>Was autopsy performed? <u>No</u> What test confirmed diagnosis? <u>CLINICAL</u></p> <p>5 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____</p> <p>(Signed) <u>Myron N. King</u>, M. D. (Address) <u>222 PLEASANT ST. WINTHROP</u> Date <u>1/30</u> 19<u>58</u></p> <p>6 <u>Winthrop Cemetery Winthrop, Mass.</u> Place of Burial or Cremation (City or Town)</p> <p>DATE OF BURIAL <u>February 1, 1958</u></p> <p>7 NAME OF FUNERAL DIRECTOR <u>Alfred B. Marsh</u> ADDRESS <u>174 Winthrop St. Winthrop, Mass.</u></p> <p>Received and filed <u>JAN 31 1958</u></p>		<p>8 SEX <u>male</u> 9 COLOR <u>white</u> 10 SINGLE (write the word) <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u></p> <p>10a If married, widowed, or divorced HUSBAND of <u>Mary Bromilow</u> (Give maiden name of wife in full)</p> <p>(or) WIFE of _____ (Husband's name in full)</p> <p>11 IF STILLBORN, enter that fact here.</p> <p>12 AGE <u>85</u> Years <u>7</u> Months <u>16</u> Days If under 24 hours _____ Hours _____ Minutes</p> <p>13 Usual Occupation: <u>retired machinest</u> (Kind of work done during most of working life)</p> <p>14 Industry or Business: <u>Charleston Navy Yard</u></p> <p>15 Social Security No. <u>none</u></p> <p>16 BIRTHPLACE (City) <u>Birmingham</u> (State or country) <u>Alabama</u></p> <p>17 NAME OF FATHER <u>Harold Smith</u></p> <p>18 BIRTHPLACE OF FATHER (City) <u>Montgomery</u> (State or country) <u>Alabama</u></p> <p>19 MAIDEN NAME OF MOTHER <u>Rebecca Rogers</u></p> <p>20 BIRTHPLACE OF MOTHER (City) <u>Montgomery</u> (State or country) <u>Alabama</u></p> <p>21 Informant (Address) <u>Frederick B. Smith</u> <u>52 Johnson Avenue, Winthrop</u></p> <p>I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) <u>Harold Cronin</u> 1/31/58 (Official Designation) (Date of Issue of Permit)</p>	

(Registrar)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

23

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 4 Waldemar Ave.

St. (If death occurred in a hospital or institution,  
{ give its NAME instead of street and number)

2 FULL NAME Mary A. Verry (Coakley)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 4 Waldemar Ave.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 44 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 30, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

JAN 25, 1958, to JAN 30, 1958

I last saw her alive on JAN 30, 1958, death is said to

have occurred on the date stated above, at 8:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) LEUKEMIA

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 YRS.

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSGENERAL ARTERIO-  
SCLEROSIS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Winthrop

Place of Burial or Cremation

Winthrop

(City or Town)

DATE OF BURIAL

February 3, 1958

7 NAME OF

FUNERAL DIRECTOR

Arthur J. O'Maley

ADDRESS

Winthrop Mass.

Received and filed

JAN 31 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William B. Verry

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

80

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

Own Home

15 Social Security No.

16 BIRTHPLACE (City)

Boston

(State or country)

Mass

17 NAME OF

FATHER

Charles Coakley

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER

Hanora Kane

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Catherine Verry

4 Waldemar Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEIf giving  
OF DEATH  
not enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
se, or compli-  
which causedons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.ditions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
to print or  
the cause or  
of death on  
certificates.

100-11-35-916145

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

Does not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which caused

ms, if any,  
ave rise to  
cause (a),  
the under-  
cause last.

ions contrib-  
death but not  
the terminal  
condition given

Chapter 137,  
1954, requires  
ns to print or  
e cause or  
of death on  
rtificates.

50M. 11-56-918978

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 24

No. MOUNTS CONVALESCENT HOME

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME MARY A. SANFORD (SULLIVAN)

(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

(a) Residence. No. 130 COTTAGE PR. RD

(Usual place of abode)

St. WINTHROP

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JAN 31 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
October, 1947, to JANUARY 31, 1958I last saw her alive on JANUARY 25, 1958, death is said to  
have occurred on the date stated above, at 6 A. M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 yrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized Arteriosclerosis

Due To (b) Arterio sclerotic heart  
disease

10 yrs

Due To (c) Senility

5 yrs

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Stethoscope

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) G. Lynde Gately M.D., M. D.

(Address) 62 + BENNINGTON ST. Date JAN 31 1958

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb 3 1958

7 NAME OF FUNERAL DIRECTOR Leo M. Norton

ADDRESS 287 Main St Malden

Received and filed JAN 31 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED MARRIED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of PATRICK SANFORD  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: HOUSEWORK  
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No. NONE

16 BIRTHPLACE (City) ST. JOHN'S  
(State or country) NEWFOUNDLAND

17 NAME OF FATHER JAMES KING

18 BIRTHPLACE OF FATHER (City) ST. JOHN'S  
(State or country) NEWFOUNDLAND

19 MAIDEN NAME OF MOTHER CATHERINE DELANEY

20 BIRTHPLACE OF MOTHER (City) ST. JOHN'S  
(State or country) NEWFOUNDLAND21 Informant Irene Frank, Daughter  
(Address) 130 Cottage Pr. Rd. WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 1/31/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 25

No. Winthrop Nursing Home

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME Mary Ann Hincheliffe (Jennings)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 93 Almont Street  
(Usual place of abode)

St. \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of stay: In place of death 4 years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
le of dying,  
heart failure,  
etc. It means  
se, or compli-  
which caused

ons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

tions contrib-  
death but not  
to the terminal  
condition given

Chapter 137,  
1954, requires  
ans to print or  
ne cause or  
of death on  
certificates.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 3 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
SEPT 9, 1958, to 2/3, 1958  
I last saw him alive on FEB 1, 1958, death is said to  
have occurred on the date stated above, at 10:12 m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

7 DAYS

Due To (b) ARTERIO-SCLEROTIC HEART  
DISEASE & GENERAL

3 YRS

Due To (c) ARTERIO-SCLEROSIS

OTHER SIGNIFICANT CONDITIONS SENILE PSYCHOSIS - MILD 2 YRS

Was autopsy performed? Yes  
What test confirmed diagnosis? Chemical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Wm. J. Hincheliffe, M. D.  
(Address) 222 Pleasant St. Date FEB 4 1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 5 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed FEB 5 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_

(Give maiden name of wife in full)

(or) WIFE of William Hincheliffe  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 years 7 Months 28 Days  
If under 24 hours  
\_\_\_\_ Hours \_\_\_\_ Minutes

13 Usual Occupation: retired sales person  
(Kind of work done during most of working life)

14 Industry or Business: retail department stores

15 Social Security No. 023-10-6817-B.

16 BIRTHPLACE (City) Dewsbury Yorkshire  
(State or country) England

17 NAME OF FATHER Tom Jennings

18 BIRTHPLACE OF FATHER (City)  
(State or country) England

19 MAIDEN NAME OF MOTHER Elizabeth Gledhill

20 BIRTHPLACE OF MOTHER (City)  
(State or country) England

21 Informant Mrs. Burton L. Corkhum  
(Address) 93 Almont St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by, Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CTIONS  
OR  
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954, requires  
s to print or  
cause or  
death on  
ificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 26

No. Mayflower Nursing Home

39 Grovers Ave., Winthrop

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME. George A. Russell

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

Was deceased a  
U. S. War Veteran, No  
(if so specify WAR)

(a) Residence. No. 75 Bradfield Ave., St. Roslindale, Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence years 3 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 3 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
6/9 1957 to 2/2 1958

I last saw him alive on 2/2 1958, death is said to

have occurred on the date stated above, at 10:30 P.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
2 DAYSDue To (b) ARTERIO-SCLEROTIC  
HEART DISEASE

3 yrs

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? 0  
What test confirmed diagnosis? 05 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) Fred O. Regan M. D.

(Address) 113 Pleasant Street Date 2/4 1958

Holy Cross Cemetery, Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 6th 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington Street, E. Boston

Received and filed FEB 5 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Anne Fennelly  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 years 3 Months 28 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Brakeman (Retired)  
(Kind of work done during most of working life)

14 Industry or Business: Narrow-gage R.R.

15 Social Security No. 023-10-6712

16 BIRTHPLACE (City) East Boston Mass.  
(State or country)

17 NAME OF FATHER Maurice Russell

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Annie Ebert

20 BIRTHPLACE OF MOTHER (City) Philadelphia  
(State or country) Pa.21 Informant Miss Mary Fidler Neice  
(Address) 75 Bradfield Ave., RoslindaleI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**



R-301A

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dition givenChapter 137,  
54, requires  
to print or  
cause or  
death on  
ificates.

SOM-3-56-917573

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 27

Winthrop Community Hospital

No.

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME Nellie (Conway) Smith  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no

(a) Residence. No. 14 Townsend Street St. Winthrop  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 6 months 6 days. In place of residence 6 years 6 months 6 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 4 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
MAR, 1957, to FEB 4, 1958  
I last saw her alive on FEB 4, 1958, death is said to  
have occurred on the date stated above, at 10:05 A. M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
23 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA

Due To (b) HYPERTENSIVE HEART DIS  
WITH CONGESTIVE FAILURE

5 YRS

Due To (c) CIRRHOSIS OF LIVER  
WITH JAUNDICE

1 YR.OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Myron N. King, M. D.(Address) 22 PLEASANT ST. WINTHROP Date 2/4 1958

6 Holy Cross Cemetery Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 6 1958

7 NAME OF FUNERAL DIRECTOR William J. Killion  
ADDRESS 1 Sprague St. Revere, Mass.

Received and filed FEB 5 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_

(Give maiden name of wife in full)

(or) WIFE of Walter A. Smith  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 6 Months 10 Days If under 24 hours  
\_\_\_\_ Hours \_\_\_\_ Minutes

13 Usual Occupation: housewife  
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Charlestown Mass.  
(State or country)

17 NAME OF FATHER John J. Conway

18 BIRTHPLACE OF FATHER (City) Charlestown, Mass.  
(State or country)

19 MAIDEN NAME OF MOTHER Elizabeth Driscoll

20 BIRTHPLACE OF MOTHER (City) Charlestown, Mass.  
(State or country)

21 Informant (Address) Mrs. Edna Peckwith  
65 Revere St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issuance of Permit) 2/5/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish or registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
b) and (c)does not mean  
of dying,  
heart failure,  
tc. It means  
e, or compli-  
which causedns, if any,  
ave rise to  
cause (a),  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
ns to print or  
e cause or  
of death on  
ificates.

50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

28

No. Mount Convalescent Home{(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])2 FULL NAME Elizabeth M. Boyle

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

(a) Residence. No. 67 Trevalley Rd.,  
(Usual place of abode)St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death 13 years 13 months 53 days. In place of residence 53 years 53 months 53 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 5 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan 18, 1957, to Feb 5, 1958I last saw her alive on Jan 24, 1958, death is said to  
have occurred on the date stated above, at 5:30 P. m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart DiseaseINTERVAL  
BETWEEN  
ONSET AND  
DEATH4yrsDue To (b) arteriosclerosisDue To (c) hypertensionOTHER SIGNIFICANT CONDITIONS Partisan's DiseaseWas autopsy performed? noWhat test confirmed diagnosis? —5 Was disease or injury in any way related to occupation of deceased?  
If so, specify no(Signed) George J. ..., M. D.(Address) 124 ... Date 27 19586 Holy Cross Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 8, 1958 197 NAME OF FUNERAL DIRECTOR Arthur S. PorcellaADDRESS 876 Winthrop Ave., Revere, Mass.Received and filed Feb 11 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female WhiteMARRIEDWIDOWEDor DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 72 Years — Months — Days

If under 24 hours

— Hours — Minutes

13 Usual

Occupation: At home

(Kind of work done during most of working life)

14 Industry  
or Business:15 Social Security No. 033-14-747816 BIRTHPLACE (City) Chelsea  
(State or country) Mass.17 NAME OF FATHER William H. Boyle18 BIRTHPLACE OF FATHER (City) Chelsea(State or country) Mass.19 MAIDEN NAME OF MOTHER Sarah Ann Martin20 BIRTHPLACE OF MOTHER (City) St. John  
(State or country) New Brunswick

21

Informant Mrs. Ann L. White  
(Address) 26 67 Trevalley Rd., Revere, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Arthur S. Porcella  
(Signature of Agent of Board of Health or other)27/1/58  
(Official Designation)2/7/58  
(Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

M R-301A

ing. Presl  
sh. Ave.  
INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
e. of dying,  
heart failure,  
etc. It means  
se, or compli-  
which caused

ons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

tions contrib-  
death but not  
to the terminal  
condition given

Chapter 137,  
1954, requires  
ans to print or  
e cause or  
of death on  
ificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

29

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME James Henry Connelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

NO.

(a) Residence. No. 91 Bartlett Road

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 18 days. In place of residence 55 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

February

5

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

APRIL 21, 1954, to FEBRUARY 5, 1958

I last saw him alive on FEBRUARY 4, 1958, death is said to  
have occurred on the date stated above, at 8:00 A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 WEEKS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To  
(b)

ARTERIO-SCLEROSIS

10 YEARS

Due To  
(c)

BRONCHOPNEUMONIA

4 WEEKS

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 147 Woodside Ave. Date Feb. 6, 1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 8, 1958

7 NAME OF  
FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

Feb. 7, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED WIDOWED  
WIDOWED or DIVORCED

male

white

10a If married, widowed, or divorced

HUSBAND of Annie Rachel Callahan  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 81 Years 9 Months 21 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Rigger

(Kind of work done during most of working life)

14 Industry

or Business:

self employed

15 Social Security No.

025-18-5774

16 BIRTHPLACE (City)

Boston

(State or country)

Mass.

P

17 NAME OF

FATHER

John Connelly

A

18 BIRTHPLACE OF

FATHER (City)

Cork

(State or country)

Ireland

P

19 MAIDEN NAME

OF MOTHER

Molloy  
Margaret Driscoll

P

20 BIRTHPLACE OF

MOTHER (City)

Cork

(State or country)

Ireland

21

Informant

(Address) Mrs. Frank E. Fraser  
63 Waldemar Avenue WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Vieta Joyce

(Official Designation)

(Date of Issue of Permit)

50M-5-57-920345

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice.

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**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEIf living  
OF DEATHIf more than one  
for each  
(b) and (c)If death not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which causedIf, if any,  
we rise to  
cause (a),  
the under-  
cause last.If death contrib-  
ed but not  
the terminal  
condition givenChapter 137,  
54, requires  
to print or  
cause or  
death on  
ificates.

50M-11-56-918978

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)

Bay View Nursing Home

No.

## The Commonwealth of Massachusetts



EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No.

30

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME Richard William Hoffman  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, —  
if so specify WAR)(a) Residence. No. 184 River Rd.  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 22 days. In place of residence 22 years — months — days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 5 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
June 25, 1957, to 5 February 1958  
I last saw him alive on 30 January, 1958, death is said to  
have occurred on the date stated above, at 8:05 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 mo.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Brain Tumor  
(metastatic)Due To Carcinoma of Lung 1 yr.  
(b)Due To —  
(c)OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis? biopsy5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) Arthur C. Murray, M. D.  
(Address) Winthrop, Mass. Date 6 Feb 19586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL Feb. 8 19587 NAME OF FUNERAL DIRECTOR Sweeney S Reynolds  
ADDRESS Winthrop, Mass.Received and filed FEB 10, 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED married10a If married, widowed, or divorced  
HUSBAND of Anna S. Witterschein  
(Give maiden name of wife in full)(or) WIFE of —  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years 4 Months 27 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Engineer  
(Kind of work done during most of working life)14 Industry or Business: Dredge15 Social Security No. 011-23-368716 BIRTHPLACE (City) Germany  
(State or country)17 NAME OF FATHER Richard W Hoffman18 BIRTHPLACE OF FATHER (City) Germany  
(State or country)19 MAIDEN NAME OF MOTHER Victoria20 BIRTHPLACE OF MOTHER (City) Germany  
(State or country)21 Informant Anna S. Hoffman  
(Address) 184 River Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Jay B. Sullivan  
(Signature of Agent of Board of Health or other)John J. Sullivan 2/7/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit to do so from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

IR-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which causedns, if any,  
ave rise to  
cause (a),  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
ms to print or  
e cause or  
of death on  
rtificates.

50M-5-57-920345

X  
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 31

No. 105 Sunnyside Avenue

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Annio Little (DALZELL)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 105 Sunnyside Avenue

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 34 years months days. In place of residence 34 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 7 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JAN 25, 1957, to FEB 7, 1958  
I last saw ~~he~~ alive on FEB 6, 1958, death is said to  
have occurred on the date stated above, at 3:25 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 DAY

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE MYOCARDIAL  
INSUFFICIENCYDue To (b) ARTERIOSCLEROTIC HEART  
DISEASE 4 YEARS

Due To (c) ARTERIOCLEROSIS 10 YEARS

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 197 Woodside Ave Winthrop, Mass. Date Feb 8 1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 10, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

2-10-58

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Widowed  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William Little  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 3 Months 6 Days If under 24 hours  
Hours Minutes13 Usual Occupation: housewife  
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Wishaw Scotland  
(State or country)

17 NAME OF FATHER Robert Dalzell

18 BIRTHPLACE OF FATHER (City) Scotland  
(State or country)

19 MAIDEN NAME OF MOTHER Christina Scott

20 BIRTHPLACE OF MOTHER (City) Scotland  
(State or country)Informant Christina S. Little  
(Address) 105 Sunnyside Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
Jesse S. Little (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which causedns, if any,  
ave rise to  
cause (a),  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
as to print or  
e cause or  
of death on  
ificates.

50M-57-920345

Medical Examiner's Clearance

PLACE OF DEATH

1

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 32

No. 130 Grovers Ave

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME Mary Morris (nee Finkelstein)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 130 Grovers Ave

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 6 months days. In place of residence 3 years 6 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 7, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from  
January 2, 1958, to January 30, 1958

I last saw her alive on January 30, 1958, death is said to

have occurred on the date stated above, at 4:30 A.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
sudden

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion  
recurrent attack

Due To

(b) Hypertensive Heart Disease

5yrs.

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Myocardial Infarction

Oct. 57

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Pepi, M. D.

(Address) East Boston, Mass. Date Feb. 7, 1958

6 King Solomon Lodge, W. Rox

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Feb 9, 1958

7 NAME OF FUNERAL DIRECTOR Aaron Golou

ADDRESS 1668 Beacon St. B'k'ln

Received and filed FEB 10 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

Benjamin W. Morris

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 66 Years Months Days

If under 24 hours

Hours Minutes

13 Usual Occupation:

House wife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

Boston

(State or country) Mass

17 NAME OF FATHER

Abraham Finkelstein

18 BIRTHPLACE OF FATHER (City)

Russig

19 MAIDEN NAME OF MOTHER

Grace (C. B. L.)

20 BIRTHPLACE OF MOTHER (City)

Russig

(State or country)

21

Informant

(Address)

Benjamin W. Morris

130 Grovers Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

1

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. *33*

No. *66* (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Mabel M. McCarthy* (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR.) No

(a) Residence. No. *103 Falcon St. East Boston* (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Feb 8 1958*  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*ARTERIOSCLEROTIC HEART  
DISEASE FOLLOWING BLUNT  
INJURY OF HEAD INCURRED  
IN ACCIDENTAL FALL*

5 Accident, suicide, or homicide (specify) *Accident*

Date and hour of injury.....*2/8 1958*

Where did Injury occur? *Winthrop*  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? *Nursing Home*

Manner of Injury *Accidental fall*  
(Specify type of place) (How did injury occur?)

Nature of Injury *down stairs*

While at work?..... Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?

If so, specify *Michael Phuong*

(Signed) *Michael Phuong* M. D.

(Address) *Woodlawn* *Everett, Mass.*

7 DATE OF BURIAL *Feb. 11 1958*  
Place of Burial, or Cremation. (City or Town)

8 NAME OF FUNERAL DIRECTOR *Henry Cataldo*  
ADDRESS *Somerville, Mass.*

Received and filed *FEB 12 1958* 19.....

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX *F* 10 COLOR OR RACE *W* 11 SINGLE (write the word) *Widowed*  
MARRIED  
WIDOWED  
or DIVORCED

11a If married, widowed, or divorced HUSBAND of.....  
(Give maiden name of wife in full)

(or) WIFE of *Charles J McCarthy*  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *77* Years.....Months.....Days If under 24 hours  
Hours.....Minutes

14 Usual Occupation: *Housewife*  
(Kind of work done during most of working life)

15 Industry or Business: *At Home*

16 Social Security No. ....

17 BIRTHPLACE (City) *Boston*  
(State or country)

18 NAME OF FATHER *Anders Hagelin*

19 BIRTHPLACE OF FATHER (City) *Sweden*  
(State or country)

20 MAIDEN NAME OF MOTHER *Emma Holger*

21 BIRTHPLACE OF MOTHER (City) *Sweden*  
(State or country)

22 Informant *Theresa Scire*  
(Address) *114 St. Paul St. East Boston, Mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*John C. Peterson*  
(Signature of Agent of Board of Health or other)

*Heidi G. Grier* *2/11/58*  
(Official Designation) (Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead..... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) found dead in bed." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

R-301A

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 34

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Benjamin Berger  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, W.W.1  
if so specify WAR)

(a) Residence. No.  
(Usual place of abode)

5 Grovers Avenue

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 HOURS 5-35 MIN years months days. In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 9 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
MAR 1953 to FEB 9 1958  
I last saw him alive on FEB 9 1958, death is said to  
have occurred on the date stated above, at 2:35 P.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
31 HRS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ACUTE CORONARY OCCLUSION

Due To (b) ARTERIO-SCLEROTIC +  
HYPERTENSIVE HEART  
DISEASE  
(c) 5 YRS

OTHER  
SIGNIFICANT  
CONDITIONS  
NONE

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed) Myron D. King, M. D.

(Address) 222 PLEASANT ST Date 2/9 1958

Boston-Puritan (Lebanon) West Roxbury  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 10, 1958

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon  
ADDRESS 420 Harvard St., Brookline, Mass.

Received and filed FEB 10 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced,  
HUSBAND of Celia Shapiro  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 68 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Gas Fitter (retired)  
(Kind of work done during most of working life)

14 Industry or Business: -011-20-3481

15 Social Security No. 011-20-3481

16 BIRTHPLACE (City) (State or country) Russia

17 NAME OF FATHER Abraham Berger

18 BIRTHPLACE OF FATHER (City) (State or country) Russia

19 MAIDEN NAME OF MOTHER Sarah Goodman

20 BIRTHPLACE OF MOTHER (City) (State or country) Russia

21 Informant Robert L. Berger  
(Address) 23 Sanborn Ave., Plattsburgh, N.Y.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
H.O. February 9/1958  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

April 10, 1918

DATE OF DISCHARGE

Sept. 30, 1921

RANK, RATING

Seaman, 2nd class

ORGANIZATION AND OUTFIT

U.S.N.R.F.

SERVICE NUMBER

129638

## CERTIFICATE

## F DEATH

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PLACE OF DEATH

1

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

## CERTIFICATE OF DEATH

Registered No. 35

No. *Mounts Corn Home* St. (If death occurred in a hospital or institution,  
(If deceased is a married, widowed or divorced woman give also maiden name.) give its NAME instead of street and number)

2 FULL NAME *Samuel Volchinsky*  
(If deceased is a married, widowed or divorced woman give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, *no*  
if so specify WAR)

(a) Residence. No. *148 Orange* St. *Chelsea*  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death *4* years *4* months *4* days. In place of residence *50* years *4* months *4* days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Feb. 9 1958*  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
*Jan 1958* to *Feb 9 1958*  
I last saw him alive on *Jan 8 1958* death is said to

have occurred on the date stated above, at *7:30 p.m.*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Carcinomatosis*

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

*3 mos*

Due To (b) *Carcinoma of stomach*

*6 mos*

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? *no*  
What test confirmed diagnosis? *operation*

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) *Ch. W. Kamen* M. D.

(Address) *135 Wash. Ave. Chelsea* Date *Feb 9 1958*

6 *Chelsea, Mass.* *Lynn*  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *Feb 10 1958*

7 NAME OF FUNERAL DIRECTOR *Hyman Dorf*

ADDRESS *151 Washington Ave. Chelsea*

Received and filed *FEB 10 1958* 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR *White* 10 SINGLE (write the word)  
MARRIED *Married*  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of *Alora Sinsberg*  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *67* Years *—* Months *—* Days If under 24 hours  
Hours *—* Minutes

13 Usual Occupation: *Shoemaker*  
(Kind of work done during most of working life)

14 Industry or Business: *Battery*

15 Social Security No. *none*

16 BIRTHPLACE (City) *Russia*  
(State or country)

17 NAME OF FATHER *Hershel Volchinsky*

18 BIRTHPLACE OF FATHER (City) *Russia*  
(State or country)

19 MAIDEN NAME OF MOTHER *(C.O.L.)*

20 BIRTHPLACE OF MOTHER (City) *Russia*  
(State or country)

21 Informant *Ralph Travers*  
(Address) *148 Orange St. Chelsea*

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

*Ralph Travers*  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46; G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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to print or  
cause or  
death on  
ificates.

50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 36

No. Mount's Convalescence Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Grace Crenda (Shorey) Creighton

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 17 Newbury St.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 79 years 9 months 3 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 10, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
6-2, 1958, to Feb 10, 1958I last saw her alive on Feb. 9, 1958, death is said to  
have occurred on the date stated above, at 6:15 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

24 hrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebro-vascular  
hemorrhage(b) Due To arteriosclerosis  
generalized

(c) Due To Diabetes mellitus

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Joseph S. Rego, M. D.

(Address) 194 Washington St. Date 2-11-1958

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Feb. 12, 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass.

Received and filed FEB 12 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Divorced

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Wilfred Creighton  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 0 Months 3 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop  
(State or country) Mass

17 NAME OF FATHER Charles Shorey

18 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country) New Hampshire

19 MAIDEN NAME OF MOTHER Martha Diamond

20 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country)21 Informant: Grace Creighton  
(Address) 1000 1st St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Nash C. Peterson  
(Signature of Agent of Board of Health or other)Nash C. Peterson 2/12/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when a person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATH

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Chapter 137,  
954, requires  
as to print or  
cause or  
of death on  
ificates.

50M-5-57-920345

PLACE OF DEATH

1

SUFFOLK

(County)

WINTHROP

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Registered No. 37

No. 478 WINTHROP ST.

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME POTA FARGES MAGAS (MINGAS)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, NO  
if so specify WAR)

(a) Residence. No. 478 WINTHROP

(Usual place of abode)

St. WINTHROP

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years 4 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 2-12-58

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1-14, 1958, to 2/11, 1958

I last saw him alive on 2/11, 1958, death is said to

have occurred on the date stated above, at 5:10 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis Sudden

Due To (b) Arteriosclerotic Heart Dis 4 yr.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Ac. Heart Failure 1 wk.

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H. H. Potts, M. D.

(Address) 17a Benning St. Date 2/13, 1958

6 Mt Hope Cem. BOSTON, MASS.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEBRUARY 15, 1958

7 NAME OF FUNERAL DIRECTOR Pulley. Haseltis

ADDRESS 1642 Commonwealth Ave Boston

Received and filed 2-14-58 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

FEMALE WHITE

MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of ANTHONY MAGAS

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days

If under 24 hours  
Hours Minutes

13 Usual

Occupation: HOUSEWIFE

(Kind of work done during most of working life)

14 Industry

or Business: AT HOME

15 Social Security No.

NONE

16 BIRTHPLACE (City)

(State or country) GREECE

17 NAME OF

FATHER

HERCULES TERZIS

18 BIRTHPLACE OF

FATHER (City)

(State or country) GREECE

19 MAIDEN NAME

OF MOTHER

VASILIKI KARANICOLAS

20 BIRTHPLACE OF

MOTHER (City)

(State or country) GREECE

21

Informant

(Address)

PETER MAGAS  
478 WINTHROP ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate was  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/14/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also insert in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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dition given

Chapter 137,  
954, requires  
s to print or  
cause or  
death on  
tificates.

100M-11-55-616148

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 38

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 55 Cliff Avenue

2 FULL NAME Josephine DiBello  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 55 Cliff Avenue  
(Usual place of abode)

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 17, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Aug. 57, 1957, to Feb. 17, 1958

I last saw her alive on Feb. 17, 1958, death is said to  
have occurred on the date stated above, at 9:30 m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho-pneumonia

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 days

Due To  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS Chronic Myocarditis

Was autopsy performed? No  
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....

(Signed) Pasquale Costanza, M. D.(Address) 238 Massachusetts St. Date 2/19, 1958

6 St. Michael Cemetery Boston  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 21, 1958

7 NAME OF FUNERAL DIRECTOR Vincent Barino  
9 Chelsea Street, East Boston  
ADDRESS Mass.

Received and filed FEB 25 1958, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 9 COLOR white 10 SINGLE (write the word)  
MARRIED widowed  
WIDOWED widowed  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of.....  
(Give maiden name of wife in full)  
John DiBello  
(or) WIFE of.....  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Joseph DiRago

18 BIRTHPLACE OF FATHER (City).....  
(State or country) Italy

19 MAIDEN NAME OF MOTHER Rose Caputo

20 BIRTHPLACE OF MOTHER (City).....  
(State or country) Italy

21 Informant Catherine Laiona (daughter)  
(Address) 55 Cliff Ave. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Heather Perovic  
(Signature of Agent of Board of Health or other)  
(Official Designation) 3/2/58  
(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **39**

No. *269 Shirley St.* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Eli Hurvitz* (If deceased is a married, widowed or divorced woman, give also maiden name.)  
PHYSICIAN - IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) **no**

(a) Residence. No. *269 Shirley St. Winthrop* (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence *25* years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Feb 17 1958*  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*CORONARY OCCLUSION*

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did injury occur?.....  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public

place?.....  
(Specify type of place)

Manner of injury.....  
(How did injury occur?)

Nature of injury.....

While at work?..... Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signature) *Michael Thompson* M. D.  
SHARA TEFILO Gen  
(Address)

7 *500.7 Hill St. W. Roxbury*  
Place of burial or cremation (City or Town)

DATE OF BURIAL *2/21 1958*

8 NAME OF FUNERAL DIRECTOR *Schlossberg & Sons*

ADDRESS *1385 Blue Hill Ave*

Received and filed *FEB 21 1958*

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX *M.* 10 COLOR OR RACE *W.* 11 SINGLE (write the word) **Divorced**  
MARRIED  
WIDOWED  
or DIVORCED

11a If married, widowed or divorced HUSBAND of *UNKNOWN*  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *55* Years.....Months.....Days If under 24 hours  
Hours.....Minutes

14 Usual Occupation: *Shop REPAIRER*  
(Kind of work done during most of working life)

15 Industry or Business: *Shop REPAIRING*

16 Social Security No. *RUSSIA*

17 BIRTHPLACE (City) *RUSSIA*  
(State or country)

18 NAME OF FATHER *Arms*

19 BIRTHPLACE OF FATHER (City) *RUSSIA*  
(State or country)

20 MAIDEN NAME OF MOTHER *UNKNOWN*

21 BIRTHPLACE OF MOTHER (City) *RUSSIA*  
(State or country)

22 Informant (Address) *PAULA SNOW 6 Beacon St. Boston*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) *3/5/58*

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L. as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .... General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

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## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 40

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No.

46 Dolphin Ave

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

LAREN LOCKE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

46 Dolphin Ave

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 3 years.....months.....days. In place of residence 3 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 17 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
July 1957 to Feb. 17, 1958

I last saw him alive on Feb. 17, 1958, death is said to  
have occurred on the date stated above, at 8:30 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
15 min

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion  
acute

Due To (b) Coronary Artery  
Heart Disease

5 mcs.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

None

Was autopsy performed? No  
What test confirmed diagnosis? Microscopic

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 2/17/58

6 Burial of Jacob West Roxbury  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 18 1958

7 NAME OF FUNERAL DIRECTOR Paul R. Levine  
ADDRESS 470 Harvard St, Brookline

Received and filed 2-17-58 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Frances Sher-  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years.....Months.....Days If under 24 hours  
Hours.....Minutes

13 Usual Occupation: Contractor  
(Kind of work done during most of working life)

14 Industry or Business: Childrens wear

15 Social Security No.

16 BIRTHPLACE (City) Boston  
(State or country)

17 NAME OF FATHER Adolph Locke

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Sarah (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

21 Informant Mrs. Frances Locke  
(Address) 46 Dolphin Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
Health Officer 2/17/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 41

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME BABY BOY DOWNS  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 169 Main St St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB 23 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19, to , 19.

I last saw h alive on , 19, death is said to

have occurred on the date stated above, at 12:25 P.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) STILLBORN

Due To RH NEG

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS ABNORMAL HEAD

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed) Myron H. King, M. D.

(Address) 222 PLEASANT ST Date 2/23 1958

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL February 27 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop, Mass

Received and filed FEB 26 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop Mass  
(State or country)

17 NAME OF FATHER Francis Downs

18 BIRTHPLACE OF FATHER (City) Boston Mass  
(State or country)

19 MAIDEN NAME OF MOTHER Agnes LaFreniere

20 BIRTHPLACE OF MOTHER (City) Cambridge Mass  
(State or country)21 Informant Francis Downs  
(Address) 169 Main St.. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these rules shall be for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which causeds, if any,  
ve rise to  
ause (a),  
the under-  
ause last.ons contrib-  
eath but not  
the terminal  
dition givenChapter 137,  
1954, requires  
s to print or  
cause or  
death on  
ificates.

50M-5-57-920345

PLACE OF DEATH

1

Suffolk  
(County)  
Wentworth  
(City or Town)The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 42

No. Mount Convallescent Home

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})2 FULL NAME Mr. Harry Berlant  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 322 Washington Ave Chelsea St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 13 years 13 months 13 days. In place of residence 50 years 50 months 50 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 24 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
12 31 57 1957, to 2 24, 1958I last saw him alive on 2 14, 1958, death is said to  
have occurred on the date stated above, at 10 22 A m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
2

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO-SCLEROTIC  
HEART DISEASEDue-To (b) CELEBRAL(c) ARTERIO-SCLEROSIS

Due To (c) \_\_\_\_\_

OTHER  
SIGNIFICANT  
CONDITIONS \_\_\_\_\_

Was autopsy performed? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_(Signed) Linus Hatzedick, M. D.(Address) Chelsea Mass Date 2-14 19586 Linus HATZEDICK  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Feb 25 19587 NAME OF FUNERAL DIRECTOR Tof Funeral Service Inc  
ADDRESS 157 Washington Ave ChelseaReceived and filed FEB 26 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED Widowed  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Lena Krasnow  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If under 24 hours  
\_\_\_\_\_ Hours \_\_\_\_\_ Minutes13 Usual Occupation: Plasterer  
(Kind of work done during most of working life)14 Industry or Business: Building trade

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Russia  
(State or country)17 NAME OF FATHER Zalman Berlant18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)19 MAIDEN NAME OF MOTHER (C. B. L.)20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Sarah Krystal  
(Address) 322 Washington Ave Chelsea1 HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health of other)

(Official Designation) Health Officer (Date of Issue of Permit) 2/19/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

43

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Helene Baldwin  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 55 Pebble Ave  
(Usual place of abode)

St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years months 12 hours  
In place of residence 15 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb 26 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Feb 25, 1958, to Feb 26, 1958

I last saw her alive on Feb 25, 1958, death is said to  
have occurred on the date stated above, at 5:30 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular accident

Due To (b) Hypertension

Due To (c) Atherosclerosis

## OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Dr. J. J. Gorman, M. D.

(Address) 24 Washington St., Boston, Mass. Date 2-26-58

6 Oak Grove Cemetery Medford  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 3-1-58 19

7 NAME OF FUNERAL DIRECTOR F. E. Burns & Son

ADDRESS 201 Main St. Malden

Received and filed MAR 3 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frank Baldwin

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days  
If under 24 hours  
Hours Minutes

13 Usual Occupation: Clerk  
(Kind of work done during most of working life)

14 Industry or Business: Mass. State Income Tax Office

15 Social Security No. None

16 BIRTHPLACE (City) Malden  
(State or country) Mass

17 NAME OF FATHER Jeremiah Cronin

18 BIRTHPLACE OF FATHER (City) Inland  
(State or country)

19 MAIDEN NAME OF MOTHER Hannah Sheahan

20 BIRTHPLACE OF MOTHER (City) Inland  
(State or country)

21 Informant Frank Baldwin  
(Address) 55 Pebble Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 2/28/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

SUFFOLK  
(County)WINTHROP  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 41

No. 1 (If death occurred in a hospital or institution, St. give its NAME instead of street and number)

2 FULL NAME Annie R. Canner  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 15 Underhill St St. Winthrop  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 39 years months days. In place of residence 39 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEBRUARY 26 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19

I last saw h alive on 19, death is said to  
have occurred on the date stated above, at 10:15 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
Few  
years

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic  
Heart Disease

Due To Generalized  
(b) Arteriosclerosis

Few  
years

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Fractured left Hip 1954  
Cerebral Embolus 1955

Was autopsy performed? NO

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) John F. Collins M.D., M. D.  
(Address) For Winthrop Board of Health 27 Feb 58

6 OHEL SALOB WCBURN  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEBRUARY 27 1958

7 NAME OF FUNERAL DIRECTOR PAUL R. LEVINE  
ADDRESS 470 HARVARD ST. BROOKLINE

Received and filed FEB 27 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED WIDOWED

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of E. LOUIS CANNER  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: HOUSE-WIFE  
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No.

16 BIRTHPLACE (City) RUSSIA  
(State or country)

17 NAME OF FATHER ABRAHAM CANNER

18 BIRTHPLACE OF FATHER (City) RUSSIA  
(State or country)

19 MAIDEN NAME OF MOTHER HANNAH FINE

20 BIRTHPLACE OF MOTHER (City) RUSSIA  
(State or country)

21 Informant MISS Minnie CANNER  
(Address) 15 UNDERHILL ST. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 2/27/58 U.A.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These **Deaths of Injury** shall include deaths caused directly or indirectly by traumatism (including resulting **infarction**) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-3-36-9/7573

The Commonwealth of Massachusetts		EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		To be filed for burial permit with Board of Health or its Agent.	
Suffolk (County)		Winthron (City or Town)		Registered No. 45	
1 PLACE OF DEATH Winthron Community Hospital		(If death occurred in a hospital or institution, St. [give its NAME instead of street and number])			
2 FULL NAME Sarah (Harper) Page (If deceased is a married, widowed or divorced woman, give also maiden name.)		PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)			
(a) Residence. No. 126 Coleridge Street, East Boston (Usual place of abode)		(If nonresident, give city or town and State)			
Length of stay: In place of death years months 16 days. In place of residence 65 years months days.					
MEDICAL CERTIFICATE OF DEATH			PERSONAL AND STATISTICAL PARTICULARS		
3 DATE OF DEATH FEB 26 58 (Month) (Day) (Year)			8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widow		
4 I HEREBY CERTIFY, That I attended deceased from FEB 24, 1958 to FEB 26, 1958 I last saw her live on FEB 25, 1958, death is said to have occurred on the date stated above, at 1:30 A. m.			10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Arthur J Page (Husband's name in full)		
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS			11 IF STILLBORN, enter that fact here.		
Due To (b) GENERALIZED ARTERIO- SCLEROSIS			12 AGE 94 Years 2 Months 27 Days If under 24 hours Hours Minutes		
Due To (c) —			13 Usual Occupation: Housewife (Kind of work done during most of working life)		
OTHER SIGNIFICANT CONDITIONS —			14 Industry or Business: Own Home		
Was autopsy performed? NO			15 Social Security No. None		
What test confirmed diagnosis? NONE			16 BIRTHPLACE (City) — England (State or country)		
5 Was disease or injury in any way related to occupation of deceased? NO If so, specify			17 NAME OF FATHER John Harper		
(Signed) Charles J. Cataldo, M. D. (Address) 48 Byron St. Boston Date FEB 26 1958			18 BIRTHPLACE OF FATHER (City) — (State or country) England		
6 Place of Burial or Cremation Woodlawn Everett (City or Town)			19 MAIDEN NAME OF MOTHER Emma Eaves		
DATE OF BURIAL March 1 1958			20 BIRTHPLACE OF MOTHER (City) — (State or country) England		
7 NAME OF FUNERAL DIRECTOR Howard S. Bynolds ADDRESS Winthrop Mass.			21 Informant (Address) Uriel L. Page 126 Coleridge St. East Boston		
Received and filed MAR 3 1958 19			I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other)		
(Registrar)			(Official Designation) (Date of Issu of Permit)		

X

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in which the deceased resided at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11 95-9161-48

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return) Chelsea

COPY OF  
CERTIFICATE OF DEATH

Registered No.

72

No. U.S. Naval Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Patty Lou Campton Balthaser

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

46

(a) Residence. No. 45 Shore Drive  
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death - years - months - 2 days. In place of residence 2 years - months - days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Feb. 27, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Feb. 25, 1958 to Feb. 27, 1958

I last saw her on Feb. 27, 1958, death is said to

have occurred on the date stated above, at 10:10p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Staphylococcal pneumonia

Due To  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis? x-ray & culture

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Lewis N. Cahill, M. D.

(Address) USNH, Chelsea Date 2/28/58

6 Amanda, Ohio (Amanda Cemetery)  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Mar. 3, 1958

7 NAME OF FUNERAL DIRECTOR Marsh Fun. Home

ADDRESS 174 Winthrop St., Winthrop

Received and filed Mar. 10, 1958

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Kenneth LeRoy

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 19 Years 5 Months 6 Days

If under 24 hours  
Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Amanda, Ohio

17 NAME OF FATHER

Wilbur F. Campton

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ohio

19 MAIDEN NAME

OF MOTHER Faith Spung

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ohio

21

Informant  
(Address)

Marsh Fun. Home

Winthrop, Mass.

A TRUE COPY

ATTEST:

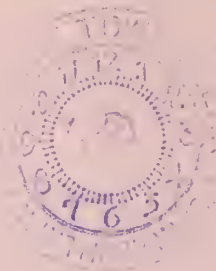
(Registrar of City or Town where death occurred)

DATE FILED

Feb. 28, 1958

19

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MAR 1 1958

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50M-5-56-917373

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 47No. Winthrop Community Hospital(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME Male Dietz  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

(a) Residence. No. 87 Summit Avenue, Winthrop St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH FEB. 28 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
FEB 28, 1958 to FEB 28, 1958  
I last saw him alive on FEB 28, 1958, death is said to  
have occurred on the date stated above, at 3:40 P.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PREMATURITY  
WEIGHT 116/203.

Due To PREMATURE  
(b) SEPARATION-PLACENTA

2WKS

Due To \_\_\_\_\_  
(c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS BREATHED - 15 MIN.  
PRONOUNCED 3:50 PM

Was autopsy performed? NO

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) A. N. Caplan, M. D.

184 Princeton St. E. Boston Date 2-28-1958  
(Address)

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 3rd 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 3 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single

10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
If under 24 hours  
Hours 15 Minutes

13 Usual Occupation: None  
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop Mass.  
(State or country)

17 NAME OF FATHER Joel P. Dietz

18 BIRTHPLACE OF FATHER (City) Roxbury  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Sandra Jamieson

20 BIRTHPLACE OF MOTHER (City) Winthrop  
(State or country) Mass.

21 Informant (Address) Mr. Joel P. Dietz-father  
87 Summit Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Joel P. Dietz  
(Signature of Agent of Board of Health or other)

Marie Caplan 3/3/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**6 RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

Suffolk

PLACE OF DEATH

(County)

(City or Town)

Revere  
4-7-58

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

48

No. Wintthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}

2 FULL NAME MC CARTHY ALMA (REED)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

(a) Residence, No. 109 PROCTOR AVE Under 24 hrs.

(Usual place of abode)

St. REVERE

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 1 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

FEB 25, 1958, to MAR 1, 1958

I last saw her alive on MARCH 1, 1958, death is said to

have occurred on the date stated above, at 1:30 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION 2 DAYS

Due To CORONARY OCCLUSION 2 DAYS  
(b)Due To CORONARY ARTERIOSCLEROSIS  
(c)

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITIS 11 YRS

Was autopsy performed? NO

What test confirmed diagnosis? EKG - LAB. TESTS

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Harold S. Newgraw, M. D.

(Address) 670 Beach Road Date 3-1-58 19

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 4, 1958 19

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray  
ADDRESS Revere Mass.

Received and filed MAR 3 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED married  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John J. McCarthy  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: housewife  
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Boston Mass.  
(State or country)

17 NAME OF FATHER Norman Reed

18 BIRTHPLACE OF FATHER (City) New York  
(State or country)

19 MAIDEN NAME OF MOTHER Lillian Daley

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant John J. McCarthy  
(Address) 109 Proctor Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/3/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 49

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)No. Winthrop Community Hospital (If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)2 FULL NAME Catherine F. Cadigan (Finley)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. Catherine Cadigan St. 29 Elmwood Avenue, Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 10 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 2, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Feb. 23, 1958, to March 2, 1958.  
I last saw him alive on March 2, 1958, death is said to  
have occurred on the date stated above, at 9:50 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 days.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Edema

Due To (b) Chronic Myocarditis 2 yrs.

Due To (c) Malignant Hypertension 2 yrs.

OTHER  
SIGNIFICANT  
CONDITIONS Grippe.

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) George H. Schwartz, M. D.  
(Address) 19 Princeton St. Bldg 3/2 19586 Holy Cross Cemetery, Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 5th 19 58

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 3 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James T. Cadigan

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 2 Months 28 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Boston Mass.  
(State or country)

17 NAME OF FATHER Michael Finley

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Ellen Cadigan (OK)

20 BIRTHPLACE OF MOTHER (City) England Ireland S.W.C.  
(State or country)21 Informant Edward J. Cadigan-son  
(Address) 36 Elm St., DorchesterI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/3/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 50

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME James Russell Smith

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, WWII  
if so specify WAR)(a) Residence. No. Haskell Court  
(Usual place of abode)

St. Essex

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 6 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 4 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
2/27, 1958, to 3/4, 1958I last saw him alive on 3/4, 1958, death is said to  
have occurred on the date stated above, at 8:00 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho Pneumonia  
Bilateral

Due To (b) Influenza

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? X-Ray

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Henry Grande, M. D.

(Address) 30 Park Ave Dr. Boston Mass. Date 3/4 1958

6 Place of Burial or Cremation Woodlawn Everett  
(City or Town)

DATE OF BURIAL March 8 1958

7 NAME OF FUNERAL DIRECTOR Leonard J. Reynolds

ADDRESS Winthrop Mass.

Received and filed MAR 7 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years 7 Months 12 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Accountant  
(Kind of work done during most of working life)

14 Industry or Business: Insurance

15 Social Security No. 012-01-6496

16 BIRTHPLACE (City) East Boston  
(State or country) Mass.

17 NAME OF FATHER James H. Smith

18 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country) Prince Edward Island

19 MAIDEN NAME OF MOTHER Christina McLaren

20 BIRTHPLACE OF MOTHER (City) Cape Breton  
(State or country) Nova Scotia21 Informant Kenneth Smith  
(Address) Dedham Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Gale C. Brennan, D.  
(Signature of Agent of Board of Health or other)Health Officer 3/4/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE Oct. 23, 1942  
DATE OF DISCHARGE Sent. 8, 1945  
RANK, RATING TEC 5  
ORGANIZATION AND OUTFIT Headquarters Co., Station Ground Unit 1111  
SERVICE NUMBER 34 474 161

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 51

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

J. Edmund Collins.

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 18 Upland Road  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... 1 days. In place of residence 15 years... months... days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 6, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
March 5, 1958, to March 6, 1958  
I last saw him live on MARCH 6, 1958 death is said to

have occurred on the date stated above, at 3:45 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) LOBAR PNEUMONIA

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 Days

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

LEUCOPENIA.

Was autopsy performed? Yes.

What test confirmed diagnosis? Post mortem

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Lieberman M. D.

(Address) Winthrop Mass Date 3/6/1958

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 10, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
Winthrop, Mass

ADDRESS

Received and filed MAR 7-1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced  
HUSBAND of Josephine E. McDonald  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 50 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Sheet Metal Worker  
(Kind of work done during most of working life)

14 Industry or Business: Air Conditioning

15 Social Security No. Revere

16 BIRTHPLACE (City) Mass  
(State or country)

17 NAME OF FATHER William D. Collins

18 BIRTHPLACE OF FATHER (City) Revere  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Julia F. Scannell

20 BIRTHPLACE OF MOTHER (City) Charlestown  
(State or country) Mass

21 Informant Josephine E. Collins  
(Address) 18 Upland Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/7/58

K.B. V

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X  
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 18 Vine Ave.

2 FULL NAME Mary Ellen (Putnam) Potter  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 18 Vine Ave.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 8 months days. In place of residence 8 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 9 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JULY 1, 1958, to MARCH 9, 1958  
I last saw him alive on MARCH 9, 1958, death is said to  
have occurred on the date stated above, at 3:20 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

3 DAYS

Due To (b) CHRONIC MYOCARDITIS

1 YEAR

Due To (c) HYPERTENSION

3 YEARS

OTHER SIGNIFICANT CONDITIONS HEMIPLEGIA

5 YEARS

Was autopsy performed? no

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify -

(Signed) Louis F. Salerno, M. D.

(Address) 175 Pleasant St. Winthrop Date March 10 1958

6 Place of Burial or Cremation Woodlawn Cemetery  
(City or Town)

DATE OF BURIAL March 11 1958

7 NAME OF FUNERAL DIRECTOR Edward S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed APR 10 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 52

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widow10a If married, widowed, or divorced  
HUSBAND of(Give maiden name of wife in full)  
(or) WIFE of John B Potter  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 1 Months 21 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City, State or country) Claremont  
New Hampshire

17 NAME OF FATHER John P Putnam

18 BIRTHPLACE OF FATHER (City, State or country) Italy

19 MAIDEN NAME OF MOTHER Ellen A White

20 BIRTHPLACE OF MOTHER (City, State or country) Claremont  
New Hampshire21 Informant: Carol Bureau  
(Address) 18 Vine Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Health Officer 3/10/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desirous to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

ITIONS  
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504-3-56-917575

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 11 Moore

2 FULL NAME: MISS GRACE E. COFFIN  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 166 Huntington Avenue  
(Usual place of abode)

St. Boston, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 25 years months days.

# MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 12, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
, 19\_\_, to \_\_, 19\_\_

I last saw h alive on \_\_, 19\_\_, death is said to  
have occurred on the date stated above, at 12:25 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Death occurred at 12:25

Due To P.m. and was presumably  
(b) due to natural causes

Due To (Board of Health Case)  
(c) Charles Liberman, M.D.

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop Date 3/12/1958

6 Forest Hills Crematory Boston, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 14, 1958

7 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons  
ADDRESS Boston, Mass.

Received and filed MAR 12 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 53

(If death occurred in a hospital or institution,  
St. Give its NAME instead of street and number)

(Grace Eva Coffin) PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

St. Boston, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years 2 months days. In place of residence 25 years months days.

# PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation Housework  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Harrington  
(State or country) Me.

17 NAME OF FATHER George H. Coffin

18 BIRTHPLACE OF FATHER (City) Harrington  
(State or country) Me.

19 MAIDEN NAME OF MOTHER Mary M. Leighton

20 BIRTHPLACE OF MOTHER (City) Addison  
(State or country) Me.

21 Informant Miss Wilhelmine Mordhorst  
(Address) 222 Mass. Ave., Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 3/13/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 140 Highland Ave

2 FULL NAME Victor Allen  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 56 Spencer Ave  
(Usual place of abode)

St. Chelsea

(If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence 35 years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 14 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from  
FEB 12, 1958, to MARCH 14, 1958  
I last saw him alive on MARCH 13, 1958, death is said to

have occurred on the date stated above, at 1 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIO SCLEROTIC  
HEART DISEASEINTERVAL  
BETWEEN  
ONSET AND  
DEATH  
3 YRS

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.

(Signed) Jack E. Holmes, M. D.

(Address) CONCORD MED. CTR CONCORD Date MARCH 14 1958

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 17 1958 19

7 NAME OF FUNERAL DIRECTOR William F. Welsh  
ADDRESS 718 Broadway Chelsea

Received and filed MAR 19 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 51

{(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Widowed  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Elizabeth Gaudet  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Laborer  
(Kind of work done during most of working life)

14 Industry or Business: Rubber Mill

15 Social Security No. 012-12-7333

16 BIRTHPLACE (City) Canada  
(State or country)

17 NAME OF FATHER Sylvere Allen

18 BIRTHPLACE OF FATHER (City) Canada  
(State or country)

19 MAIDEN NAME OF MOTHER Could not be learned

20 BIRTHPLACE OF MOTHER (City) Canada  
(State or country)21 Informant Alfred Allen (son)  
(Address) 44 Prospect Ave ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

TIFICATE

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DEATHnter  
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50M-5-57-920345

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

49 Walden St.

No.

Elizabeth Lazzaro

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

49 Walden St.

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

March

20,

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

1955, to MARCH 19

1958

I last saw h\_\_\_\_\_ alive on MARCH 19, 1958, death is said to

have occurred on the date stated above, at 2 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) INTERNAL HEMORRHAGE

Due To

(b) CARCINOMA OF THE LIVER

8

months

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

CORONARY INSUFFICIENCY 6 months

Was autopsy performed? NO

What test confirmed diagnosis? OPERATION FEB. 28 1958

5 Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Vincent Butts

M. D.

244 Meridian St. E.B. Date 3/20/ 1958

6 Holy Cross Malden  
Place of Burial or Cremation March 22 City or Town

DATE OF BURIAL

March 22

19

7 NAME OF

FUNERAL DIRECTOR Frederick J. Magrath

ADDRESS

East Boston

Received and filed

MAR 21 1958

19

John A. Clarke (Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

55

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

{ PHYSICIAN — IMPORTANT

{(Was deceased a

{U. S. War Veteran,

{if so specify WAR)

no

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCE married

female white

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Salvatore Lazzaro

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 54

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

housework

(Kind of work done during most of working life)

14 Industry

or Business:

own home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Plymouth, Mass.

17 NAME OF

FATHER

Henry Martin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Germany

19 MAIDEN NAME

OF MOTHER

Lena Winter

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Germany

21

Informant

(Address)

Salvatore Lazzaro

49 Walden St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:John A. Clarke  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 3/21/58

EXTRACTS  
FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

56

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No.

No.

Braemar Street Home

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

Frank Parker Brown

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No.

11 Moore St

St.

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years 6 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHMarch 22 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h— alive on , 19 , death is said to

have occurred on the date stated above, at 9:10 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To  
(b)Presumably Coronary  
OcclusionDue To  
(c)Arteriosclerotic Heart  
Disease

years

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? post mortem judgement

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Arthur C. Murray

M. D.

(Address)

Winthrop Board of Health 22 March 1958

6

Woodlawn Cem.  
Place of Burial or CremationEverett, Mass.  
(City or Town)

DATE OF BURIAL

March 26,

1958

7 NAME OF  
FUNERAL DIRECTORL. E. Parker  
ADDRESS 726 Saratoga St., E. Boston

Received and filed

MAR 23 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 90 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Printer

(Kind of work done during most of working life)

14 Industry

or Business: F.P. Brount Co.,

15 Social Security No.

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

17 NAME OF

FATHER

William H. Brown

18 BIRTHPLACE OF

FATHER (City)

Alarvik

(State or country)

Norway

19 MAIDEN NAME

OF MOTHER

Mellica Morgan

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass.

21

Informant

(Address)

Henry H. Brown (brother)  
11 Moore St., Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Arthur C. Murray  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

3/23/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 57

No. 43 Bellevue Ave., Winthrop

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME

John A. McIlhenny

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, WW 1  
if so specify WAR)

(a) Residence. No.

43 Bellevue Ave., Winthrop

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHMarch 25 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 19--, to , 19--

I last saw h— alive on , 19--, death is said to

have occurred on the date stated above, at 1 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To

(b)

Presumably Coronary  
Occlusion

sudden

Due To

(c)

Generalized Arteriosclerosis  
years

2 mo.

OTHER  
SIGNIFICANT  
CONDITIONSCerebral Thrombosis  
(recurrent)

Was autopsy performed?

no

What test confirmed diagnosis?

clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

no

(Signed)

Richard C. Kirby

M. D.

(Address)

Winthrop Board of Health

Date

March 1958

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL March 28th

19 58

7 NAME OF

FUNERAL DIRECTOR

Richard C. Kirby

ADDRESS

917 Bennington St., E. Boston

Received and filed

MAR 2 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of Margaret M. Ryan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

61 Years 9 Months 7 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Salesman

(Kind of work done during most of working life)

14 Industry

or Business:

Music

15 Social Security No.

079-01-9465

16 BIRTHPLACE (City)

Philadelphia

(State or country)

Pa.

17

NAME OF  
FATHER

James McIlhenny

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19

MAIDEN NAME

OF MOTHER

Catherine Rush

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Mrs. Margaret M. McIlhenny-wife  
43 Bellevue Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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SPACE FOR ADDITIONAL INFORMATION WW 1 USA

DATE OF ENTERING MILITARY SERVICE 9/4/18

DATE OF DISCHARGE 6/23/19

RANK, RATING E W

ORGANIZATION AND OUTFIT USA

SERVICE NUMBER 3 049 390

C# 20 044 287

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 58

No. 10 Prospect Ave., Winthrop

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)2 FULL NAME William J. Cullinane  
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 10 Prospect Avenue  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 11 years months days. In place of residence 11 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar 28 1958.  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Feb 27, 1957, to Mar 27, 1958  
I last saw him alive on Mar 27, 1958, death is said to  
have occurred on the date stated above, at 5 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH.

MINUTE

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary infarction

Due To Arterio sclerotic dis.  
(b) enlarged hrt.

1 yr.

Due To Old myocardial infarct.  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Leo P. Benicchi, M. D.

(Address) 557 Broadway, Revue 3-29-58

Holy Cross Cemetery, Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL March 31st 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed MAR 31 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed10a If married, widowed, or divorced  
HUSBAND of Jennie M. Misener  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 9 Months 3 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Time Clerk-Retired  
(Kind of work done during most of working life)

14 Industry or Business: Boston Naval Shipyard

15 Social Security No. 577-16-3759

16 BIRTHPLACE (City) Boston Mass.  
(State or country)

17 NAME OF FATHER James Cullinane

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Margaret L. Connelly

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant James F. Cullinane-son  
(Address) 10 Prospect Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
(Official Designation) (Date of Issue of Permit) 3/29/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

ITIONS  
RTIFICATE

ing  
DEATH

enter  
in one  
r each  
and (c)

not mean  
of dying,  
rt failure,  
It means  
or compli-  
th caused

if any,  
rise to  
se (a),  
e under-  
se last.

s contrib-  
th but not  
e terminal  
tion given

apter 137,  
4, requires  
to print or  
cause or  
death on  
icates.

50M-5-57-920345

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. **59**

**Suffolk**  
(County)  
**Kintrop**  
(City or Town)



1 PLACE OF DEATH  
2 FULL NAME (Caroline) No. **Mayflower Nursing Home** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
**CLARA DONOHUE** (If deceased is a married, widowed or divorced woman, give also maiden name.)  
PHYSICIAN - IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. **322 Euclid Ave.** St. **Lynn, Mass**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **2** years **9** months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **march 29 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from **8-6**, 19**55**, to **3-28**, 19**58**  
I last saw h alive on **march 28**, 19**58**, death is said to have occurred on the date stated above, at **1.30A** m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Bronchopneumonia and arrhythmia of the heart**

Due To (b) **Old age-infection**

Due To (c)

OTHER SIGNIFICANT CONDITIONS **arteriosclerosis**

Was autopsy performed? **no**  
What test confirmed diagnosis? **Physical examination**

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **Vincent Butts**, M. D.  
(Address) **244 Meridion St** Date **3-31-1958**

6 Place of Burial or Cremation **St Mary's Lynn** (City or Town)  
DATE OF BURIAL **Apr 1 1958**

7 NAME OF FUNERAL DIRECTOR **Walter F Ahern**  
ADDRESS **567 Boston St Lynn**

Received and filed **MAR 31 1958** 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **F.** 9 COLOR **White** 10 SINGLE (write the word) **MARRIED**  
HUSBAND of **Jeremiah J. Donohue** (Give maiden name of wife in full)  
(or) WIFE of **Jeremiah J. Donohue** (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **85** Years **8** Months **15** Days If under 24 hours Hours Minutes

13 Usual Occupation: **Packer** (Kind of work done during most of working life)

14 Industry or Business: **Janice Shoe Co.**

15 Social Security No. **034-03-0810**

16 BIRTHPLACE (City) **Barton Vermont** (State or country)

17 NAME OF FATHER **Michael Fontaine**

18 BIRTHPLACE OF FATHER (City) **Vermont** (State or country)

19 MAIDEN NAME OF MOTHER **Victoria Boucher**

20 BIRTHPLACE OF MOTHER (City) **Vermont** (State or country)

21 Informant (Address) **William F. Fisher 20 Holyoke St Lynn**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) **Walter F. Ahern**

(Official Designation) **Walter F. Ahern** (Date of Issue of Permit) **3/31/58**

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

COPY OF  
CERTIFICATE OF DEATH

Revere

(City or town making return)

Registered No. 60

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Revere Memorial Hosp.

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME (Baby Boy) Martello  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 169 Pauline St. St. Winthrop  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH March 30, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19

I last saw h. alive on 19, death is said to

have occurred on the date stated above, at m.

DISEASE OR CONDITION

DIRECTLY LEADING TO DEATH (a) Full Term

INTERVAL BETWEEN ONSET AND DEATH

ANTE Due To  
CEDENT (b)  
CAUSES

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Major findings:  
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo P. Benecchi, M.D. M. D.  
(Address) 557 Broadway Revere Date 3/31 19 58

6 Holy Cross Cemetery Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 3, 19 58

7 NAME OF FUNERAL DIRECTOR Charles Bruno & Son  
14 Proctor Ave., Revere  
ADDRESS

Received and filed. APR 10 1958 19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)  
MARRIED Single  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of. (Give maiden name of wife in full)

(or) WIFE of. (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE. Years. Months. Days If under 24 hours  
Hours. Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Revere  
(State or country) Mass.

17 NAME OF FATHER Ernest Martello

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country)

19 MAIDEN NAME OF MOTHER Josephine Melucci

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

21 Informant Ernest Martello  
(Address) 169 Pauline St., Winthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED April 8, 19 58

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)



APR 10 1950 AM

(Official Designation) (Date of Issuance of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING.

ORGANIZATION AND OUTFIT.

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop Mass.

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No.

62

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME ARSENY GRISCHAK

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, if so specify WAR) no(a) Residence. No. 79 Fayson Street,  
(Usual place of abode)

St. Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 17 days. In place of residence years 4 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MARCH 31, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
MARCH 13, 1958, to MARCH 31, 1958.  
I last saw him alive on MARCH 31, 1958, death is said to

have occurred on the date stated above, at 9-50A.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
DAYS

13 DAYS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INSUFFICIENCY  
AURICULAR FIBRILLATIONDue To (b) GENERALIZED ARTEROSCLEROSIS  
THROMBOSIS FEMORAL ARTERY 5 days

Due To (c) MULTIPLE EMBOLI 5 days

OTHER SIGNIFICANT CONDITIONS EMPYEMA GALL BLADDER 15 days  
GANGRENE LEFT LEG 5 days

Was autopsy performed? NO

What test confirmed diagnosis CHOLECYSTOMY - AMP. LT. LEG 3-16-58 3-28-58

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Harold F. Nugraor, M. D.

(Address) 670 Beach St. Revere Date 3-31-1958

6 Woodlawn Cemetery Everett Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 2, 1958 19

7 NAME OF FUNERAL DIRECTOR William Kobernik  
ADDRESS 105 Wash. Ave. Chelsea Mass.

Received and filed APR 1 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of Alexandra (Kalenuk) Grischak

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Shoe Worker

(Kind of work done during most of working life)

14 Industry

or Business:

Retired

15 Social Security No. 011-01-8089

16 BIRTHPLACE (City) WOLYN

(State or country) Russia

17 NAME OF

FATHER

Grishak

18 BIRTHPLACE OF

FATHER (City)

WOLYN

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER

Unknown

20 BIRTHPLACE OF

MOTHER (City)

WOLYN

(State or country)

Russia

21

Informant Anthony A. Thomas

(Address) 79 Fayson St. Revere Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

FORM R-301A

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 10532

No. 750 HARRISON AVENUE <sup>MASS</sup> MEMORIAL HOSP

2 FULL NAME

MARGARET O'MEARA (Nee) CURRY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No.

37 SIREN ST

(Usual place of abode)

St

WINTHROP MASS.

(If nonresident, give city or town and State)

Length of stay: In place of death

years

months

10 days

In place of residence

years

2 months

14 days

In giving  
OF DEATHdo not enter  
more than one  
cause for each  
(a), (b) and (c)does not mean  
made at disse  
heart failure,  
etc. It means  
cause of death  
which causedconditions, if any,  
in case rise to  
cause (a),  
the under-  
cause lastconditions contrib  
to death but not  
to the terminal  
condition givenChapter 137,  
of 1954, requires  
physicians to print or  
the cause or  
of death on  
certificates

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

JANUARY

15

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY

That I attended deceased from

JANUARY 10, 1958 to

JANUARY 15, 1958

I last saw him alive on

JANUARY 15, 1958

death is said to

have occurred on the date stated above, at

105 A

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC-RESPIRATORY ARREST.

Due To

INTERNAL HEMORRHAGE

(b)

AND COMA

Due To

ACUTE HISTIOCYTIC LEUKEMIA

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis?

AUTOPSY

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

NO

(Signed)

Rouvenes Camister

M D

(Address)

750 Harrison Ave

Date

Jan 15 1958

WINTHROP

MASS

Place of Burial or Cremation

DATE OF BURIAL

JAN

15

1958

7 NAME OF  
FUNERAL DIRECTOR

Gerard C. Canell

ADDRESS

721 Salem St Malden

Received

Charles A. Inackie

JAN 21 1958

19

(Official Designation)

(Date of Issue of Permit)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

FEMALE WHITE

MARRIED

10a If married, widowed or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

JOSEPH P O'MEARA

(Husband's name in full)

11 IF STILLBORN, enter that fact here

12

AGE

20 Years 4 Months 7 Days

If under 24 hours  
Hours Minutes13 Usual  
Occupation

HOUSEWIFE

(Kind of work done during most of working life)

14 Industry  
or Business

AT HOME

15 Social Security No.

16 BIRTHPLACE (City)

MALDEN

(State or country)

MASS

17 NAME OF  
FATHER

JOHN CURRY

18 BIRTHPLACE OF  
FATHER (City)

BOSTON

(State or country)

MASS

19 MAIDEN NAME  
OF MOTHER

HELEEN MCCARTHY

20 BIRTHPLACE OF  
MOTHER (City)

MALDEN

(State or country)

MASS

21

Informant

JOSEPH P O'MEARA

(Address)

37 SIREN ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me by the informant or his agent, and that a permit was issued

W J M'Geehan

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

BOM 5-57-920343

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

RECEIVED



APR 30 1950



A TRUE COPY ATTEST:

Charles H. MacKee

City Registrar

RECEIVED



MAY - 1 1888 AM

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN 65

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 009777

No. MASSACHUSETTS GENERAL HOSPITAL  
Vera

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME - Ina Sialer  
(If deceased is a married, widowed or divorced woman, give also maiden name)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. 115 Upland Road

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death years 26 months days In place of residence 25 years months days

INSTRUCTIONS  
FOR  
AL CERTIFICATE

In giving  
E OF DEATH

not enter  
more than one  
cause for each  
(a), (b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
cause or com-  
which caused

one if any,  
to give rise to  
cause (a)  
the under-  
same last

ations contrib-  
death but not  
into the terminal  
condition given

Chapter 17,  
1914, requires  
to print or  
be cause or  
of death on  
certificates

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH January 28 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 2 19 58 to Jan. 28 1958

5 I last saw alive on Jan. 28 1958, death is said to

have occurred on the date stated above, at 12:23 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHOPNEUMONIA,  
BILATERAL

Due To  
(b) ASPIRATION

Due To  
(c) CARCINOMA, THYROID

OTHER  
SIGNIFICANT CONDITIONS  
EMBOUS, LEFT BRACHIAL  
ARTERY

Was autopsy performed? YES

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

(Address) Asst. Dir. Mass. Gen'l. Date 1/28/58

6 Woodlawn Cemetery Everett, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL January 31 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Mark

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed FEB 3 1958

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Walter Harold Sialer

11 IF STILLBORN, enter that fact here

12 AGE 59 Years 6 Months 26 Days If under 24 hours  
Hours Minutes

13 Usual Occupation housework  
(Kind of work done during most of working life)

14 Industry or Business own home

15 Social Security No. 022-10-5972-B.

16 BIRTHPLACE (City) Stanwood Iowa  
(State or country)

17 NAME OF FATHER Frank Henry Miller

18 BIRTHPLACE OF FATHER (City) Rockford  
(State or country) Illinois

19 MAIDEN NAME OF MOTHER Jeannette Hart

20 BIRTHPLACE OF MOTHER (City) Peoria  
(State or country) Illinois

21 Informant E. Capen Farmer  
(Address) 258 Beacon St. Boston, Mass.

I HEREBY CERTIFY that a satisfied standard certificate of death  
was filed with the BEFORE the burial or that no permit was issued

(Signature of Agent of Board of Health or Agent)

5926 1-29-58  
(Official Designation) (Date of Issue of Permit)

V.B.V.

A TRUE COPY ATTEST:

Charles H. Mackie  
Cm.

RECEIVED



MAY 1900

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its AgentSTANDARD  
CERTIFICATE OF DEATH

Registered No. 01478

No. MASSACHUSETTS GENERAL HOSPITAL

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Lucy Murray (Gates)

(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN - IMPORTANT

(Was deceased a  
U.S. War Veteran,  
if so specify WARI)

(a) Residence, No. 169 Main St.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days In place of residence years months days

INSTRUCTIONS  
FOR  
CERTIFICATE

In giving

OF DEATH

do not enter  
more than one  
cause for each  
(a), (b) and (c)do not mean  
mode of dying,  
as heart failure,  
etc. It means  
cause or causes  
which causedcause, if any,  
a gave rise to  
cause (a),  
the under-  
cause lastAdditional causes  
to death but not  
to the terminal  
condition govern(Chapter 17,  
of 1954, requires  
physician to print or  
the cause or  
of death on  
certificate)

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 8, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
February 5, 1958, to February 8, 1958

We last saw her alive on February 8, 1958, death is said to

have occurred on the date stated above, at 2:58 A. M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 HRS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) FULMINANT MYOCELL  
MASSIVE

Due To PHLEBOTROMBOSIS, LEFT

(b) POSTERIOR TIBIAL VEIN

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

(Address) Asst. Dir. Mass. Gen'l date 2/8/ 1958

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL FEBRUARY 11, 1958

7 NAME OF FUNERAL DIRECTOR Lucille A. 1958

ADDRESS 1000 1st St. 1958

Received and filed

FEB 13 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
OR DIVORCED10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Texas H. (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years 11 Months 15 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

None

15 Social Security No. 025-025-0015

16 BIRTHPLACE (City)

(State or country)

Lowell, Mass.

17 NAME OF FATHER

John Gates

18 BIRTHPLACE OF FATHER (City)

(State or country)

Cuttler, Maine

19 MAIDEN NAME OF MOTHER

Lucy C. Baker

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Maine

21

Informant

(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with the Board of Health or its Agent before the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

6138

(Official Designation)

2-11-58

(Date of Issue of Permit)

501-537-010345

5 1958

RECEIVED



MAY - 1961

PLACE OF DEATH

Suffolk  
(County)  
Boston  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent

67

STANDARD  
CERTIFICATE OF DEATH

Registered No. 01572

No. New England Deaconess Hospital

If death occurred in a hospital or institution,  
State its NAME, instead of street and number.

1 FULL NAME ~~Lucy Pepicelli~~  
(If deceased is a married, widowed or divorced woman, give also maiden name)

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

INSTRUCTIONS  
FOR  
CERTIFICATE

In giving  
OF DEATH  
do not enter  
more than one  
cause for each  
(a), (b) and (c)

do not mean  
of dying  
heart failure  
etc. It is an  
of death  
which caused

it may  
be due to  
the cause  
last

of death  
not to the terminal  
condition given

Chapter 137,  
of 1954, requires  
to print of  
the cause or  
of death on  
certificates

(a) Residence, No. 51 Banks  
(Usual place of abode)

St. Winthrop, Mass.

Length of stay: In place of death years months 5 days In place of residence 2 years months days

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 12, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
February 7, 1958 to February 12, 1958

I last saw him alive on February 12, 1958, death is said to

have occurred on the date stated above, at 11:00 a.m.

DEATH WAS CAUSED BY IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HEART  
DISEASE

Due To (b) DIABETES MELLITUS

Due To (c)

OTHER SIGNIFICANT CONDITIONS  
HIATUS HERNIA  
BRUNNESS DUE TO B.

Was autopsy performed? No  
What test confirmed diagnosis? ELECTROCARDIOGRAM

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify J. Donald Ostrow

(Signed) J. Donald Ostrow M.D.

(Address) NEW ENG. DEACONESS HOSP. 242

Winthrop Cemetery, Winthrop  
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL February 15, 1958

7 NAME OF FUNERAL DIRECTOR Ernest P. Cagliano  
ADDRESS 147 Winthrop St., Winthrop

Received of \$10 Charles A. Zwick (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX female 2 COLOR white 3 SINGLE (write the word) MARRIED  
4 MARRIED, WIDOWED, or DIVORCED MARRIED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Antonio Pepicelli (Husband's name in full)

11 IF STILLBORN, enter that fact here

12 AGE 77 Years 17 Months 17 Days If under 24 hours Hours Minutes

13 Usual Occupation Housewife (Kind of work done during most of working life)

14 Industry or Business at home

15 Social Security No. NONE

16 BIRTHPLACE (City) Italy (State or country)

17 NAME OF FATHER Joseph Carpinito

18 BIRTHPLACE OF FATHER (City) Italy (State or country)

19 MAIDEN NAME OF MOTHER Irene Buonopane

20 BIRTHPLACE OF MOTHER (City) Italy (State or country)

21 Informant William J. Pepicelli (Address) 51 Banks St., Winthrop

22 I HEREBY CERTIFY that a valid and standard certificate of death was issued before the (Date of issue of certificate)

6215 2-15-58

(Official Designation) (Date of Issue of Permit)

X



PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filled up by a permit  
with Board of Health  
or its Agent

Registered No. 01799

No. Peter Bent Brigham Hospital

If death occurred in a hospital or institution,  
State its NAME, institution, street and number2 FULL NAME (Mr.) Ralph Shorey -- Ralph Winthrop Shorey  
(If deceased is a married, widowed or divorced woman, give also maiden name)PHYSICIAN IMPORTANT  
(Was deceased a  
U.S. War Veteran,  
if so specify WAR) NO.(a) Residence No. 12 Cottage AVE.  
(Usual place of abode)

Winthrop, Mass.

(If none, tent, give city or town and State)

Length of stay In place of death years months 15 Wks. place of residence 75 years months days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 18 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Feb. 18 1958 to Feb. 18 19585 I last saw deceased on Feb. 18 1958, death is said to  
have occurred on the date stated above, at 1:45 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiac tamponade  
following hemopericardium(b) Dissecting Aortic Aneurysm  
(dissection into pericardium)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury on any way related to occupation of deceased? No  
If so, specify

(Signed)

(Address) P. Bent Brigham Hosp. Date Feb. 19 1958

6 Winthrop Cemetery Winthrop  
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL February 21 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop FEB 11 1958

Re-Examined and filed

Charles H. Inactive  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the words)  
MARRIED Widowed or Divorced Married11a If married, widowed, or divorced  
HUSBAND Evelyn Frances Waitoor  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILL BORN, enter that fact here

12 AGE 75 Years 7 Months 10 Days If under 24 hours  
Hours Minutes13 Usual Occupation Mailman Clerk  
(Kind of work done during most of working life)14 Industry Museum of Fine Arts  
(or Business)

15 Social Security No. 000-17-0701

16 BIRTHPLACE (City) Winthrop (State or country) Mass.

17 NAME OF FATHER Charles Shorey

18 BIRTHPLACE OF FATHER (City) New Hampshire  
(State or country)

19 MAIDEN NAME OF MOTHER Martha Hallin

20 BIRTHPLACE OF MOTHER (City) Charlestown  
(State or country) Mass.21 Informant Mrs. Ralph T. Shorey  
(Address) 12 Cottage Ave.I HEREBY CERTIFY that a certified true and correct certificate of death  
has been issued to the Agent of the Board of Health or its AgentN Mac Donald  
(Signature of Agent of Board of Health or other)6325 2-20-58  
(at Registration) (Date of Issue of Permit)

904 937-920345

INSTRUCTIONS  
FOR  
CERTIFICATEGIVING  
OF DEATHNot enter  
than one  
for each  
(b) and (c)Does not mean  
of death  
Agent, doctor,  
etc. It means  
of death  
which causedIf any  
to enter for  
the cause  
of death on  
certificateDo not enter  
death but not  
the terminal  
condition givenAfter 17,  
1954, requires  
to print or  
the cause of  
of death on  
certificate

RECEIVED



MAY 19 1966

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U.S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a notation that effect.

50-10-93 810004

PLACE OF DEATH

Suffolk

Boston

(City or Town)

No. Veterans Administration Hosp.

Ward (If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME

John J. Dwyer

(If deceased is a married, widowed, or divorced woman give also maiden name)

(a) Residence No. 68 Redlands Road, West Roxbury, Mass.

(Usual place of abode)

Length of residence in city or town where death occurred

6 mos.

days How long in U.S. (If foreign birth)

days

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX

Male

4 COLOR OR RACE

White

5 SINGLE (write the word)

MARRIED  
WIDOWED  
OR DIVORCED Widowed

3a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Elizabeth G. Wilson

(Give maiden name of wife in full)

(Husband's name in full)

6 Age of husband or wife if alive

years

7 IF STILLBORN, enter that fact here

8 AGE 86 Years 7 Months 7 Days If less than 1 day Hours Minutes

9 Usual Occupation Letter carrier-Retired

10 Industry or Business Postal

11 Social Security No. 012-20-8960

12 BIRTHPLACE (City, State or country) Boston Mass.

13 NAME OF FATHER Dennis Dwyer

14 BIRTHPLACE OF FATHER (City, State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary (CBL)

16 BIRTHPLACE OF MOTHER (City, State or country) Ireland

17 Informant James J. Dwyer (Nephew)  
Address 68 Redlands Rd., W. Roxbury

I HEREBY CERTIFY that a satisfactory standard certificate of death was furnished for the burial or transfer permit was issued

Signature of Agent of Board of Health (other)

6358 2-21-58 Date of Issue of Permit

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S

CERTIFICATE OF DEATH



69  
01833  
Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number)

(Was deceased a U.S. War Veteran? If so specify WAR) USWV & WWI

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

February 19 1958

Month (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows (If an injury was involved, state fully)

Fracture of skull.  
Accidental fall  
presumably at home  
Boston 012 2-18-58.

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED

(Signed) Richard C. Kirby 2-20-58 M D  
Address Date 19

21 PLACE OF BURIAL Winthrop Cemetery  
CREMATION OR REMOVAL Cemetery Winthrop

DATE OF BURIAL February 22nd 1958

22 NAME OF UNDERTAKER Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

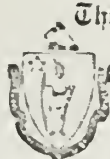
Received and filed Feb 22 1958  
Registrar

RECEIVED



MAY - 21 1953 AM

PLACE OF DEATH

SUFFOLK  
(County)BOSTON  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
at its Agent.

Registered No. 01996

No. MASSACHUSETTS GENERAL HOSPITAL St. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
2 FULL NAME BENJAMIN SMITH  
(If deceased is a married, widowed or divorced woman, give also maiden name)  
(a) Residence, No. 6 CENTRAL STREET St. WINTHROP, MASS.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of stay: In place of death years months 10 days In place of residence 72 years months days

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH  
not enter  
than one  
for each  
(b) and (c)

does not mean  
of death  
It means  
or complete  
which caused

in any,  
to rise to  
the under  
case last

don't control  
death but not  
the terminal  
condition govern

Chapter 17,  
1924, requires  
as to print or  
be cause of  
of death on  
certificates

MEDICAL CERTIFICATE OF DEATH			PERSONAL AND STATISTICAL PARTICULARS		
3 DATE OF DEATH	FEBRUARY	24	1958	8 SEX	9 COLOR
	(Month)	(Day)	(Year)	Male	White
4 I HEREBY CERTIFY That I attended deceased from Feb. 14, 1958 to Feb. 24, 1958			10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married		
Last saw him alive on Feb. 24, 1958, death is said to have occurred on the date stated above, at 2:40 A.M.			10a If married, widowed or divorced HUSBAND of Genevieve A. Mulloy (Give maiden name of wife in full)		
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			11 IF STILL BORN enter that fact here		
Due To Coronary Heart disease (b)			12 AGE 72 Years Months Days If under 24 hours Hours Minutes		
Due To (c)			13 Usual Occupation Retired Rigger (Kind of work done during most of working life)		
OTHER SIGNIFICANT CONDITIONS Lotar pneumonia (approx. 2 wks. 6 mos.) Anaemia, secondary			14 Industry or Business Shipbuilding		
Was autopsy performed? (to mult. papillomata of Urim. bladder)			15 Social Security No. 023-10-6799		
What test confirmed diagnosis?			16 BIRTHPLACE (City) (State or country) Winthrop Mass		
5 Was disease or injury in any way related to occupation of deceased? If so, specify			17 NAME OF DECEASED Willard Smith		
(Signed) E. J. O'Leary			18 BIRTHPLACE OF FATHER (City) (State or country) Provincetown Mass		
(Address) Asst. Dir. Mass. Gen'l. Date 2/24/ 1958			19 MAIDEN NAME OF MOTHER Emma F. Paine		
6 Place of Burial or Cremation Winthrop Winthrop Mass			20 BIRTHPLACE OF MOTHER (City) (State or country) Winthrop Mass		
DATE OF BURIAL February 26, 1958			21 Informant Genevieve A. Smith Address 6 Central St., Winthrop Mass.		
7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley ADDRESS Winthrop, Mass			I HEREBY CERTIFY that a satisfactory standard certificate of death has been issued and the burial or transfer permit was issued		
Received and filed FEB 27 1958			(Signature of Agent of Board of Health or other)		
Charles H. MacKie (Registrar)			6383 2-25-58 (Official Designation) (Date of Issue of Permit)		

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INSTRUCTIONS  
FOR  
A CERTIFICATE

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100-111-95-916145

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 10 Orlando Ave

2 FULL NAME Louis A. Howard  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10 Orlando Ave  
(Usual place of abode)

Length of stay: In place of death 50 years months days. In place of residence 15 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 3, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19  
I last saw h. alive on 19, death is said to  
have occurred on the date stated above, at 10:55 A.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) Natural Causes

Due To (b) Presumably Coronary Occlusion  
Due To (c) Arteriosclerotic Heart Disease years

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis? post-mortem judgement

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur C. Murray M. D.  
Winthrop Board of Health  
(Address) Winthrop Date 3 April 1958

6 Holy Cross Cemetery Malden Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 7 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop, Mass

Received and filed APR 4 1958

(Registrar)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

Registered No.

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male	9 COLOR White	10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED single
---------------	------------------	---

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years Months Days  
If under 24 hours Hours Minutes

13 Usual Occupation: Retired Clerk  
(Kind of work done during most of working life)

14 Industry or Business: Brokerage

15 Social Security No.

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER Andrew J. Howard

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Mary A. Baldwin

20 BIRTHPLACE OF MOTHER (City) East Boston  
(State or country) Mass

21 Informant Mrs. Martin Cain  
(Address) 21 Orlando Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/4/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 72

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. 26 Entfield Rd.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Thomas J. Mulcahy

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

(a) Residence. No. 26 Entfield Rd.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 4 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 1955, 19 to April 4, 1958I last saw him alive on April 3, 1958, death is said to  
have occurred on the date stated above, at 8 A. m.DISEASE OR CONDITION  
DIRECTLY LEADING  
TO DEATH (a)

Coronary Thrombosis 2 days

ANTECEDENT (b) Arterio Sclerosis

Due To (c) Metastatic Ca  
Lung -OTHER  
SIGNIFICANT  
CONDITIONSMajor findings:  
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis? EKG

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) 305 Academy St. 4 April 1958 M. D.

(Address)

6 St. Paul's Cemetery Arlington  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 7 1958

7 NAME OF FUNERAL DIRECTOR Vincent Murray

ADDRESS 260 Devon St. Devens

Received and filed April 7 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Helen Burke  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Salesman  
(Kind of work done during most of working life)

14 Industry or Business: Henry Hascity

15 Social Security No. 123-07-1940

16 BIRTHPLACE (City) Boston Mass  
(State or country)

17 NAME OF FATHER Thomas Mulcahy

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Bridget C'Brien

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Kevin Mulcahy  
(Address) 26 Entfield Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:Bridget C. Mulcahy  
(Signature of Agent of Board of Health or other)  
Health Officer 4/7/58  
(Official Designation) (Date of Issue of Permit)INSTRUCTIONS  
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## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING.

ORGANIZATION AND OUTFIT

SERVICE NUMBER.

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 23

R-301A

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph A. Naulty  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

(a) Residence. No. 14 Winthrop St. St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death 14 years 50 months 50 days. In place of residence 50 years 50 months 50 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 4, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from  
JAN 25, 1958 to APRIL 4, 1958

I last saw him alive on APRIL 4, 1958, death is said to  
have occurred on the date stated above, at 11:20 A m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) NEPHROTIC SYNDROME  
DUE TO UNDETERMINED CAUSE 2 Mo.

Due To (b) GENERAL ARTERIOSCLEROSIS 2 YRS.

Due To (c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS DIABETES MELLITUS - MILD 2 Mo

Was autopsy performed? No

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Myron D. Bury, M. D.

(Address) 22 Pleasant St Winthrop Date 4/4 1958

6 St. Joseph's Boston, Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 7, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
Winthrop Mass

Received and filed April 7, 1958

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of Winifred Conroy  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 71  
AGE 71 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
If under 24 hours  
Hours \_\_\_\_\_ Minutes

13 Usual Occupation: Printer  
(Kind of work done during most of working life)

14 Industry or Business: Newspaper

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER William Naulty

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Margaret McAleer

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)

21 Informant Winifred Naulty  
(Address) 14 Winthrop St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/5/58

504-3-56-617575

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease, interred to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 71

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Frances L. Carr (Cronin)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

(a) Residence. No. 57 Lincoln

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 26 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 8 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
FEB 16, 1953 to APRIL 8, 1958I last saw her alive on APRIL 8, 1958, death is said to  
have occurred on the date stated above, at 4:55 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
5 MIN

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PULMONARY EMBOLUS

Due To (b) CARCINOMA OF SPLENIC  
FLEXURE OF TRANS. COLON

6 MO.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS MYOCARDIAL DIS  
ARTERIO-SCLEROTIC HEART

5 YRS

Was autopsy performed? No

What test confirmed diagnosis? LIVER PAT

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify No

(Signed) Ernest P. Caggiano, M. D.

(Address) 147 Winthrop St., Winthrop Date 4/15 1958

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 11, 1958

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano  
ADDRESS 147 Winthrop St., Winthrop

Received and filed APR 10 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John B. Carr

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 3 Months 10 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No.

16 BIRTHPLACE (City) East Boston  
(State or country) Mass.

17 NAME OF FATHER John J. Cronin

18 BIRTHPLACE OF FATHER (City) East Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Anna Sullivan

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant John B. Carr Jr.  
(Address) 104 Menlo Ave., LynnI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/9/58

50M-3-36-917573

R-301A

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CERTIFICATEiving  
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dition givenChapter 137,  
54, requires  
to print or  
cause or  
death on  
ificates.

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

PLACE OF DEATH

Suffolk,

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 25

No. 806-A Shirley St

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Eliza P. Woolsey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, none  
if so specify WAR)

(a) Residence. No. 896a Shirley

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 21 months 21 days. In place of residence 1 years 21 months 21 days.

ACTIONS  
OR  
CERTIFICATEIVING  
OF DEATHt enter  
han one  
for each  
b) and (c)es not mean  
of dying,  
heart failure,  
c. It means  
or compli-  
hich causeds, if any,  
ve rise to  
ause (a),  
the under-  
ause last.ons contrib-  
eath but not  
the terminal  
dition givenChapter 137,  
1954, requires  
s to print or  
cause or  
death on  
ificates.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 13 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
APRIL 6, 1958, to APRIL 13, 1958  
I last saw her alive on APRIL 6, 1958, death is said to  
have occurred on the date stated above, at 6:42, m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 HOUR

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRAL HEMORRHAGE

Due To (b) ARTERIOSCLEROSIS

1 YEAR

Due To (c) HYPERTENSION

1 YEAR

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Abraham Ginsberg, M. D.

(Address) 28 High St. Everett, Mass. Date April 13, 1958  
Hudsonview, Mechanicville, N.Y.

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 15, 1958 19

7 NAME OF FUNERAL DIRECTOR J.E. Henderson Co.  
ADDRESS 517 Broadway, Everett, Mass

Received and filed APR 16 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Jerome A. Woolsey,  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 5 Months 0 Days If under 24 hours  
Hours Minutes13 Usual Occupation: At Home  
(Kind of work done during most of working life)

14 Industry or Business: none

15 Social Security No. none

16 BIRTHPLACE (City) New York  
(State or country)

17 NAME OF FATHER Gilbert Palen,

18 BIRTHPLACE OF FATHER (City) N.Y.  
(State or country)

19 MAIDEN NAME OF MOTHER 12-3-1914N Lawson

20 BIRTHPLACE OF MOTHER (City) N.Y.  
(State or country)21 Informant Mrs. Beverly W. Russ,  
(Address) 896a Shirley St., Winthrop, MassI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) 4/14/58  
(Date of Issuance of Permit)

50M-11-56-918973

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 76

PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



No. *Winthrop Comm. Hosp*

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Baby Girl Cummings*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN — IMPORTANT**  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. *15 Segmore St* St. (If nonresident, give city or town and State)

Length of stay: In place of death *1* years *0* months *0* days. In place of residence *1* years *0* months *0* days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *April 15,* 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *April 15,* 19*58*, to *April 15,* 19*58*,  
I last saw him alive on *April 15,* 19*58*, death is said to  
have occurred on the date stated above, at *10:28 am*

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Stillborn - Macerated Fetus*

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

*1 Week*

Due To (b) *Prolapse of cord.*

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? *no*

What test confirmed diagnosis? *clinical*

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) *Dr. Trautwein, Jr.* M. D.

(Address) *73 Bartlett Road* Date *4/16/* 1958

6 *Winthrop, Mass.*  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *April 16* 1958

7 NAME OF FUNERAL DIRECTOR *Walter J. Kirby*  
ADDRESS *26 Winthrop St Winthrop*

Received and filed *APR 17 1958* 19

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR *White* 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED *Single*

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. *Stillborn*

12 *1* Years *0* Months *0* Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) *Winthrop*  
(State or country) *Mass.*

17 NAME OF FATHER *Arthur Cummings*

18 BIRTHPLACE OF FATHER (City) *Beverly*  
(State or country) *Mass.*

19 MAIDEN NAME OF MOTHER *Barbara Ann Boyshet*

20 BIRTHPLACE OF MOTHER (City) *Manchester*  
(State or country) *N.H.*

21 Informant (Address) *Arthur Cummings*  
*15 Segmore St Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer *4/16/58*  
(Official Designation) (Date of Issue of Permit)

50M-5-56-917575

R-301A

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OR  
CERTIFICATE

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## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50M-11-55-9-5145

PLACE OF DEATH

1

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

Baby Girl Ward

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

Quarters 12, Ft. Banks

Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. 3 years. months. days.

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

148

## CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Apr. 15, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Apr. 15 1958 to Apr. 15 1958

I last saw him alive on 19, death is said to

have occurred on the date stated above, at m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillbirth

Due To

(b)

Anencephaly

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

no

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) H.R. Houston, Lt. MC

M. D.

(Address) USNH, Chelsea

Date 4/15/58

At Hope, Dorchester, Mass.

6

Place of Burial or Cremation Apr. 17, 1958 City or Town

DATE OF BURIAL

Fudge &amp; Son, Inc.

7 NAME OF  
FUNERAL HOME

100 Highland Ave., Somerville

ADDRESS

Received and filed

May 9, 1958

19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

stillborn

12

AGE. Years. Months. Days

If under 24 hours

Hours. Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Chelsea, Mass.

17 NAME

David H.

FATHER

P

A

R

E

N

T

S

18 BIRTHPLACE OF

Somerville, Mass.

FATHER (City)

(State or country)

19 MAIDEN NAME

OF MOTHER

Despa Cuciuftiti

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Newport, N.H.

21

Informant

(Address)

D.H. Ward (father)

Pt. Banks, Winthrop, Mass.

A TRUE COPY

ATTEST:

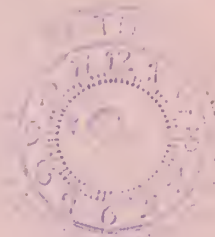
(Registrar of City or Town where death occurred)

DATE FILED

Apr. 16, 1958

19

RECEIVED



MAY - 1953

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Chapter 137,  
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100M-11-95 918148

X  
PLACE OF DEATH  
1

SUFFOLK  
(County)  
WINTHROP  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 78

No. 18 MADSWORTH AVE  
2 FULL NAME PATRICK J CARROLL  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 18 MADSWORTH AVE St.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of stay: In place of death 35 years.....months.....days. In place of residence 35 years.....months.....days.

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 18 1958  
(Month) (Day) (Year)  
4 I HEREBY CERTIFY, That I attended deceased from April 17 1958 to April 18 1958  
I last saw him alive on April 18 1958, death is said to have occurred on the date stated above, at 9:00 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion 3 Days

Due To (b) Hypertensive Coronary Artery Heart Disease 10 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? No  
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify.

(Signed) Charles Liberman, M. D.  
(Address) WINTHROP, MASS Date 4/19/1958

6 CALVERLY BROCTON  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL APRIL 21 1958

7 NAME OF FUNERAL DIRECTOR Maurice H Ruby  
ADDRESS WINTHROP

Received and filed APR 21 1958

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED MARRIED  
10a If married, widowed or divorced HUSBAND of MARY A (PEARSON) CARROLL (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation LABORER (Kind of work done during most of working life)

14 Industry or Business GENERAL

15 Social Security No.

16 BIRTHPLACE (City) IRELAND (State or country)

17 NAME OF FATHER JERIMIAH CARROLL

18 BIRTHPLACE OF FATHER (City) IRELAND (State or country)

19 MAIDEN NAME OF MOTHER MARGARET COTLER

20 BIRTHPLACE OF MOTHER (City) IRELAND (State or country)

21 Informant (Address) MRS AGNES J CARROLL 18 MADSWORTH ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph Liberman  
(Signature of Agent of Board of Health or other)

HO (Official Designation) APR 21 1958 (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 79

No. Winthrop Comm Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Elizabeth W Lentz ( Mac Causland

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, ☐ No  
if so specify WAR)

(a) Residence. No. 784 Winthrop Ave Revere

(Usual place of abode)

St. Revere Mass

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 60 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 19 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19 —, to —, 19 —

I last saw h— alive on —, 19 —, death is said to

have occurred on the date stated above, at 2:25 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary 6 hrs.  
(b) OcclusionDue To Arteriosclerotic Heart 4 years  
(c) Disease

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus years

Was autopsy performed? no

What test confirmed diagnosis? post-mortem opinion

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur C. Murphy, M. D.

Winthrop Board of Health Date 9 April 1958

6 Place of Burial or Cremation Beachmont, Mass (City or Town)

DATE OF BURIAL Apr 22 1958

7 NAME OF FUNERAL DIRECTOR Arthur Porcella  
ADDRESS 176 Winthrop Ave Beachmont, Mass

Received and filed APR 22 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Harry Mae Causland Lentz  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 4 Months 19 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: at Home

15 Social Security No.

16 BIRTHPLACE (City) Bedford, Mass  
(State or country)

17 NAME OF FATHER John Mac Causland

18 BIRTHPLACE OF FATHER (City) Maine  
(State or country)

19 MAIDEN NAME OF MOTHER Georgiana Ware

20 BIRTHPLACE OF MOTHER (City) Maine  
(State or country)21 Informant Mrs Georgiana Collar  
(Address) 784 Winthrop Ave RevereI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/21/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CERTIFICATE

DEATH

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop, Mass.

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

80

No. 110 Grovers Ave. Winthrop, Mass. { (If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME Hettie Cornwell Barton  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, NO  
if so specify WAR)(a) Residence. No. 110 Grovers Ave. Winthrop, Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 46 years months days. In place of residence 46 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 20, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Aug 15, 1953 to April 19, 1958  
I last saw her alive on April 19, 1958, death is said to  
have occurred on the date stated above, at 9:20 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocarditis  
(Semi)INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 years

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Clinic &amp; Signs

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify no

(Signed) Daniel H. Quinn, M. D.

(Address) Winthrop Date 4-20 1958

Forest Hills Crematory-Boston, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 22, 1958

7 NAME OF FUNERAL DIRECTOR J. S. Waterman  
ADDRESS Boston, Mass.

Received and filed APR 22 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX  
Female9 COLOR  
white10 SINGLE (write the word)  
MARRIED  
WIDOWED Widowed  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of William E. Barton

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 1/2 Years 6 Months 3 Days

If under 24 hours  
Hours Minutes

13 Usual Occupation: Housewife

(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. None

16 BIRTHPLACE (City) Union Springs, New York  
(State or country)

17 NAME OF FATHER George Bustin

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Hettie Cornwell

20 BIRTHPLACE OF MOTHER (City) Union Springs, New York  
(State or country)21 Informant Mrs. Lorle J. Waldo (Daughter)  
(Address) 110 Grovers Ave. Winthrop  
Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Silvanter  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/21/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

I DATE OF ENTERING MILITARY SERVICE

I DATE OF DISCHARGE

I RANK, RATING

( ORGANIZATION AND OUTFIT

§ SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATHRegistered No. 81

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])2 FULL NAME Harry Nathan Bangs

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran,  
if so specify WAR) NO.(a) Residence. No. 155 Winthrop St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 14 years 14 months 14 days. In place of residence 60 years 60 months 60 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 21 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JAN 52 to APRIL 21, 1958  
I last saw him alive on APRIL 21, 1958, death is said to  
have occurred on the date stated above, at 4:45 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH10 DAYS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA -Due To (b) CEREBRAL HEMORRHAGE  
2 LEFT HEMIPLEGIA14 DAYSDue To (c) ARTERIO-SCLEROSIS AND  
ARTERIO-SCLEROTIC HEART IN 5 YRS.OTHER  
SIGNIFICANT  
CONDITIONS NONEWas autopsy performed? No.What test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased? No.  
If so, specify(Signed) Myron N. King, M. D.(Address) 222 PLEASANT ST. WINTHROP Date Apr 21 19586 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)DATE OF BURIAL April 24 1958 197 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St. Winthrop, Mass.Received and filed APR 24 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED widowed  
WIDOWED widowed  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Helen MacDonald  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 8 Months 20 Days If under 24 hours  
Hours Minutes13 Usual Occupation: retired mover  
(Kind of work done during most of working life)14 Industry or Business: household furnishings15 Social Security No. 022-12-010316 BIRTHPLACE (City) Durham  
(State or country) Maine17 NAME OF FATHER Harry Nathaniel Bangs18 BIRTHPLACE OF FATHER (City) Durham  
(State or country) Maine19 MAIDEN NAME OF MOTHER Frances Newell20 BIRTHPLACE OF MOTHER (City) Durham  
(State or country) Maine21 Informant (Address) Allan C. Bangs 159 WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 4/24/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

1

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 82

No. 85 Sunnyside Avenue

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Martha Lillian Healy (Gaddis)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 85 Sunnyside Avenue

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

DUCTIONS  
OR  
CERTIFICATE

iving  
OF DEATH

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han one  
for each  
b) and (c)

es not mean  
of dying,  
heart failure,  
e. It means  
, or compli-  
hich caused

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ause (a),  
the under-  
ause last.

ons contrib-  
eath but not  
the terminal  
dition given

Chapter 137,  
1954, requires  
s to print or  
cause or  
death on  
ificates.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 22 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19\_\_, to \_\_, 19\_\_I last saw h alive on \_\_, 19\_\_, death is said to  
have occurred on the date stated above, at 11:15 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Coronary Occlusion hours

Due To (c) Arteriosclerotic Heart Disease years

OTHER  
SIGNIFICANT  
CONDITIONS

None

Was autopsy performed?

No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Board of Health Date 23 April 1958

6 Mt. Pleasant Cemetery Arlington, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 25 1958 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed APR 25 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED widowed  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of James Carter Healy  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 8 Months 27 Days If under 24 hours  
Hours Minutes13 Usual Occupation: housewife  
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 012-20-7468

16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.

17 NAME OF FATHER David Gaddis

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Sarah Dixon

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Stanley C. Healy  
(Address) 19 Parkman Road Reading, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/25/58

50M-537-920345

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46; G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 83

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 71 READ ST

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME MARY T (ROULET) GUNDERSEN  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 71 READ ST  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 57 years months days. In place of residence 57 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 24 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
April 17 1958 to April 24 1958  
I last saw her alive on April 23 1958 death is said to  
have occurred on the date stated above, at 3:30 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage. 2 days

Due To (b) Arterio sclerosis 10 yrs

Due To (c) OTHER SIGNIFICANT CONDITIONS Arterio sclerotic Heart Disease 4 yrs

Was autopsy performed? No  
What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify.

(Signed) Charles Liberman, M. D.

(Address) WINTHROP, MASS. Date 4/25/1958

6 WOODLAWN EVERETT  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL APRIL 24 1958

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby  
ADDRESS 216 WINTHROP ST WINTHROP

Received and filed. APR 25 1958 19

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
FEMALE WHITE MARRIED  
WIDOWED  
or DIVORCED WIDOWED

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of CHARLES O. GUNDERSEN  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: HOME (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. NONE

16 BIRTHPLACE (City) EAST BOSTON  
(State or country) MASS.

17 NAME OF FATHER UNKNOWN

18 BIRTHPLACE OF FATHER (City) ST MELO  
(State or country) FRANCE

19 MAIDEN NAME OF MOTHER UNKNOWN

20 BIRTHPLACE OF MOTHER (City) IRELAND  
(State or country)

21 Informant MRS HELEN HANFORD  
(Address) 71 READ ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health (or other)

Official Designation Date of Issue of Permit 4/25/58

W.B.V.

R-301A

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100M-11-55-916145

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

CERTIFICATE

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50M-5-57-920345

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)REVERE  
5-8-58

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

81

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME THOMAS F SEXTON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no(a) Residence. No. 33 Bateman Ave. Revere  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 52 years months 4 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH APRIL 28, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
AUGUST 1952 to APRIL 28, 1958I last saw him alive on APRIL 28, 1958, death is said to  
have occurred on the date stated above, at 9:30 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ANTERIOR INT. INFARCTION

Due To (b) GENERALIZED ARTERIOSCLEROSIS

Due To (c)

OTHER SIGNIFICANT CONDITIONS DUODENAL ULCER

Was autopsy performed?

What test confirmed diagnosis? ERG

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Harold H. Thayer, M. D.

(Address) 670 Beach St., Revere Date 4-28-58

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 1, 1958

7 NAME OF FUNERAL DIRECTOR R. J. McMill  
ADDRESS Revere

Received and filed

APR 30 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED X  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Loretta Perreault  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 71 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Retired  
(Kind of work done during most of working life)14 Industry  
or Business:

Revere Fire Dept.

15 Social Security No. 611-26-8957

16 BIRTHPLACE (City)  
(State or country) Charlestown  
Mass.17 NAME OF  
FATHER Thomas Sexton18 BIRTHPLACE OF  
FATHER (City) Charlestown  
(State or country) Mass.19 MAIDEN NAME  
OF MOTHER Mary Murphy20 BIRTHPLACE OF  
MOTHER (City) Charlestown  
(State or country) Mass.21 Informant Loretta Sexton  
(Address) 33 Bateman Ave. RevereI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 4/30/58

EXTRACTS  
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



## STANDARD CERTIFICATE OF DEATH

Registered No. 85

No. 104 Highland Ave. (If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

Anna L (Kammerer) Blaisdell

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 390 Winthrop St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death 21 years months days. In place of residence 6 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 29 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
30 March, 1958, to 29 April, 1958  
I last saw her alive on 28 April, 1958, death is said to

have occurred on the date stated above, at 2:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

Due To Arteriosclerotic Heart  
(b) Disease

Due To Generalized Arteriosclerosis  
(c) years

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur C. Murray, M. D.

(Address) Winthrop Mass Date 29 April 1958

6 Place of Burial or Cremation Newton (City or Town)  
DATE OF BURIAL May 1 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Py...  
ADDRESS Winthrop

Received and filed APR 30 1958 19

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced  
HUSBAND of Edward G Blaisdell (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years 11 Months 0 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. None

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER Christopher Kammerer

18 BIRTHPLACE OF FATHER (City) Germany  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Baker

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass

21 Informant Elizabeth Bradford  
(Address) 8 Surfside Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 4/30/58

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory, written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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100-11-95 916145

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

86

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 86

1 No. 110 COTTAGE PARK RD St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JANE (JAMES) SNOOK (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 110 COTTAGE PARK RD St. (If nonresident, give city or town and State)

(Usual place of abode)

Length of stay: In place of death. 21 years months days. In place of residence. 21 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 30 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from June 1947, to April 30 1958  
I last saw him alive on April 29 1958, death is said to have occurred on the date stated above, at 4 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis  
CORONARY THROMBOSIS

Due To (b) HYPERTENSION

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify.

(Signed) Louis F. Salerno, M. D.

(Address) 125 PLEASANT ST Date May 1 1958

6 ARLINGTON NAT. CEM. ARLINGTON VA.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL MAY 5 1958

7 NAME OF FUNERAL DIRECTOR Theodore F. Kelly  
ADDRESS 914 W. Main St. Wintthrop

Received and filed May 2 - 1958 19.

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word) MARRIED WIDOWED OR DIVORCED ALTHOUGH

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of JESSE T SNOOK (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: HOUSE WIFE (Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No. 0000000000 BIRTHPLACE (City) PHIL. PENN.

17 NAME OF FATHER JOHN JAMES

18 BIRTHPLACE OF FATHER (City) IRELAND (State or country)

19 MAIDEN NAME OF MOTHER MARY SHERIDEN

20 BIRTHPLACE OF MOTHER (City) IRELAND (State or country)

21 Informant: JESSE T SNOOK (Address) 110 COTTAGE PARK RD WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Thodore F. Kelly (Signature of Agent of Board of Health or other)

Health Officer 5/3/58 (Official Designation) (Date of Issue of Permit)

V.B.V.

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-  
ten, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

SUFFOLK

(County)

BOSTON

(City or Town)



EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 00228

No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME PHILIP SMITH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No.

MAYFLOWER REST HOME 39 GROVERS AVE

St. WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 40 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JANUARY 6 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Dec. 30, 1957, to Jan. 6, 1958

I last saw him alive on Jan. 6, 1958, death is said to

have occurred on the date stated above, at 3:45P m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) uremia + Septicemia 6/10

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

7 days

(b) Pyelonephritis + peri-  
Nephric abscess

1 mo.

(c) Benign Prostatic  
Hypertrophy

10 yrs

OTHER SIGNIFICANT CONDITIONS  
Fracture + Repair  
of Right Hip

2 mo.

Was autopsy performed?

What test confirmed diagnosis?

Autopsy

5 Was disease or injury in any way related to occupation of deceased No

If so, specify.

(Signed)

(Address) Asst. Dir. Mass. Gen. H. 1/6/ 1958

6 Place of Burial or Cremation

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

Charles H. Mackie

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Divorced10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 36 Years 0 Months 0 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Ship Officer  
(Kind of work done during most of working life)

14 Industry or Business: Printer

15 Social Security No. 022-12-3333

16 BIRTHPLACE (City) PROVINCETOWN  
(State or country)

17 NAME OF FATHER Stephen Smith

18 BIRTHPLACE OF FATHER (City) Unable to obtain  
(State or country) Unable to obtain

19 MAIDEN NAME OF MOTHER Theron - mtd -

20 BIRTHPLACE OF MOTHER (City) Unable to obtain  
(State or country) Unable to obtain21 Informant Records Clerk & Assistant  
(Address) Town of W. Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

BOM-S-97-920343

R-301A

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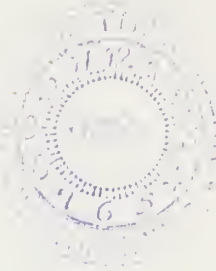
2, 1958

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

RECEIVED



MAY 20 1950

Jurisdiction Waived

The Commonwealth of Massachusetts

Suffolk

(County)

Boston

(City or Town)



EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT-OF-TOWN  
To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No.

01461

No. New England Deaconess Hospital

(If death occurred in a hospital or institution,  
State its NAME instead of street and number)

2 FULL NAME (Mr.) Clement Wood  
(If deceased is married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 58 Harbor View Ave.,  
(Usual place of abode) 8 hours, 15 minutes

xx Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH February 9 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY. That I attended deceased from  
February 9, 1958, to February 9, 1958.  
I last saw him alive on February 9, 1958, death is said to  
have occurred on the date stated above, at 6:30 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) Acute Myocardial Infarction

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
11 hrs.

Due To  
(b)

Due To Coronary Heart Disease 4 yrs.

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 9 yrs.

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify Robert F. Bradley, M.D.

(Signed) Robert F. Bradley, M. D.

(Address) 15 Josiah St., Boston Date Feb. 10, 1958

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Edward Reynolds  
ADDRESS Winthrop, Mass.

Received and filed

FEB 13 1958

Charles A. Mackie  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 2 Months 23 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business: Wood

15 Social Security No. 010 - - -

16 BIRTHPLACE (City) (State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City) (State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City) (State or country)

21 Informant (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or inhumation permit was issued:

Mac Donald  
(Signature of Agent of Board of Health or other)

6137 2-11-58  
(Official Designation) (Date of Issue of Permit)

BOM-5-57-920345

1958

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

RECEIVED



MAY 20 1950

Copies of returns of deaths which occurred in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-6-56-918227

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

89

No. Danvers State Hospital, Hatherne St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Clarence Lang  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) Spanish

(a) Residence. No. 8 Nevada St.  
(Usual place of abode)

Winthrop American  
(If nonresident, give city or town and State)

Length of stay: In place of death.....years 10 months 24 days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 7, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
May 14, 1957 to Apr. 7, 1958  
I last saw him alive on Apr. 7, 1958, death is said to  
have occurred on the date stated above, at .....m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart  
Disease

Yrs.

Due To (b) Generalized Arteriosclerosis  
Due To (c)

Yrs.

OTHER  
SIGNIFICANT  
CONDITIONS Bronchopneumonia

Days

Was autopsy performed? No  
What test confirmed diagnosis? Clinical & Lab.

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Andrew Nichols III, M. D.

(Address) Hatherne, Mass. Date 4/7 1958

6 St. Paul's Arlington, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 11, 1958

7 NAME OF FUNERAL DIRECTOR Walkins & Shaw

ADDRESS Arlington, Mass.

Received and filed MAY 13 1958

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced  
HUSBAND of 1. Marie Magenta (name of wife in full)  
(or) WIFE of 2. Fannie Itzkowitz  
XXX (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 8 Months 28 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Teacher - Retired  
(Kind of work done during most of working life)

14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Cleveland  
(State or country) Ohio

17 NAME OF FATHER John B. Lang

18 BIRTHPLACE OF FATHER (City) Cleveland  
(State or country) Ohio

19 MAIDEN NAME OF MOTHER Clara Myers

20 BIRTHPLACE OF MOTHER (City) Canton  
(State or country) Ohio

21 Informant Mary L. Sheehan  
(Address) Hatherne, Mass.

A TRUE COPY

ATTEST: Daniel J. Toomey  
(Registrar of City or Town where death occurred)

DATE FILED Apr. 15, 1958

RECEIVED

MAY 13 1911

Arteriosclerotic Heart  
Disease

Yrs.

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

Danvers State Hospital, Hathorne,

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Mass.

2 FULL NAME

Louise Gatti

(If deceased is a married, widowed or divorced woman, give also maiden name.)

87 Quincy Rd., Winthrop, Mass.

(a) Residence. No.

(Usual place of abode)

4

10

21

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

April

20,

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Generalized Arteriosclerosis

Fractured L. Hip

accident

5 Accident, suicide, or homicide (specify)

Date and hour of injury. 7 am./3/25/ 58

Where did

Danvers

Injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

State Hospital

(Specify type of place)

Manner of slipped on ward

Injury

Nature of

as above

Injury

(How did injury occur?)

While at work? Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph P. McCarthy

(Address) Peabody, Mass.

Date

4/21/58

Old Calvary Cemetery, Boston

Place of Burial, or Cremation

April 24,

(City or Town)

58

DATE OF BURIAL

8 NAME OF FUNERAL DIRECTOR

Arthur Porcella

ADDRESS

Boston, Mass.

Received and filed

MAY 13 1958

19

(Registrar of City or Town where deceased resided)

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 90

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX

Female

10 COLOR OR RACE

White

11 SINGLE

(write the word)

MARRIED  
WIDOWED  
or DIVORCED

Single

11a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

86

Years

9

Months

?

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Unable to work

(Kind of work done during most of working life)

15 Industry

or Business:

Unknown

16 Social Security No.

Boston

17 BIRTHPLACE (City)

Mass.

(State or country)

18 NAME OF

FATHER

John Gatti

19 BIRTHPLACE OF

FATHER (City)

Unknown

(State or country)

Italy

20 MAIDEN NAME

OF MOTHER

Mary Borne

21 BIRTHPLACE OF

MOTHER (City)

Unknown

(State or country)

Italy

22

Informant

(Address)

May E. Sheehan

Hathorne, Mass.

A TRUE COPY.

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

April 28, 1958

19

RECEIVED

MAY 23 1964

-301A

TIDNS

IFICATE

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50M-5-57-920345

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)Boston  
6-6-58

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 91

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Bunice A. Harvey  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 15 Hillcrest St St. West Roxbury, Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 1, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
NOVEMBER 1949 to APRIL 30, 1958  
I last saw her alive on APRIL 30, 1958, death is said to  
have occurred on the date stated above, at 11:50 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
4 DAYS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHIAL PNEUMONIA

Due To CEREBRAL HEMORRHAGE 4 DAYS  
(b) LEFT PARETIC HEMIPLEGIADue To GENERALIZED ARTERIOSCLEROSIS  
(c)OTHER SIGNIFICANT CONDITIONS AORTIC REGURGITATION  
VARICOSITIES LOWER EXTREM

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL OBSERVATION

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Harold L. Musgrave, M. D.

(Address) 620 BEACH ST, REVERE 5-1 1958

6 PURITAN LAWN PEABODY  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL MAY 5 19587 NAME OF FUNERAL DIRECTOR P. E. MURRAY  
ADDRESS 54 ROXBURY ST. ROXBURY

Received and filed MAY 1-1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR W 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED W.10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of GEORGE L. HARVEY  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 64 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: HOUSE WIFE  
(Kind of work done during most of working life)

14 Industry or Business: AT HOME

15 Social Security No.

16 BIRTHPLACE (City) REVERE  
(State or country) MASS

17 NAME OF FATHER ALBERT J. BROWN

18 BIRTHPLACE OF FATHER (City) MAINE  
(State or country)

19 MAIDEN NAME OF MOTHER MARY L. HURD

20 BIRTHPLACE OF MOTHER (City) MAINE  
(State or country)21 Informant GEORGE L. HARVEY  
(Address) 139 OTIS ST REVEREI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5/1/58

X

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury;

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 92

Suffolk

(County)

Winthrop

(City or Town)



No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Guazzerotti, Baby Boy

(If deceased is a married, widowed or divorced woman, give also maiden name)

**PHYSICIAN — IMPORTANT**

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 306 Chelsea St

(Usual place of abode)

St. East Boston  
(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 0 days In place of residence 0 years 0 months 0 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 5, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, 11:26 a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn  
(Full term)

Due To (b) Prolapse of cord

?

Due To (c) \_\_\_\_\_

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) S. S. Bolesoffa, M. D.

(Address) 19 Bennington St Date 5/5/58 1958

6 East Boston, Mass. Mellen  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 9 1958

7 NAME OF FUNERAL DIRECTOR Vincent Pignone  
ADDRESS 9 Chelsea St. E.B.

Received and filed MAY 12 1958 1958

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)  
MARRIED single  
WIDOWED single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days If under 24 hours  
\_\_\_\_\_ Hours \_\_\_\_\_ Minutes

13 Usual Occupation: \_\_\_\_\_  
(Kind of work done during most of working life)

14 Industry  
or Business: \_\_\_\_\_

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Winthrop  
(State or country)

17 NAME OF FATHER Fredrick Guazzerotti

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country)

19 MAIDEN NAME OF MOTHER Elisa Ferrara

20 BIRTHPLACE OF MOTHER (City) Boston ITALY  
(State or country)

21 Informant Fred Guazzerotti  
(Address) 306 Chelsea St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

John C. Serrano  
(Signature of Agent of Board of Health or other)  
Health Officer 6/9/58  
(Official Designation) (Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

93

No. 14 Hermon Street

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME **Olivia (Cleveland) Starkweather**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 14 Hermon Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 21 years months days. In place of residence 56 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **May 6 1958**  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
**November 5 1957** to **May 3, 1958**  
I last saw her alive on **May 3, 1958**, death is said to  
have occurred on the date stated above, at **9:55p.m.**INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
**1 yr.**

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Metastatic Carcinoma**Due To **Primary in Right Breast**  
(b)**1 yr.**Due To **Arteriosclerosis**  
(c)**5 yrs.**OTHER SIGNIFICANT  
CONDITIONS **Old Age**Was autopsy performed? **No**  
What test confirmed diagnosis? **None**5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) **John F. Collins**, M. D.  
(Address) **27 Bennington St. Revere, Mass. May 7 1958**6 **Forrest Hills Boston**  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL **May 9 1958**7 NAME OF FUNERAL DIRECTOR **Howard B. Smith**  
ADDRESS **14 Hermon St. Winthrop**Received and filed **MAY 8 1958** 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word)  
**MARRIED Widowed**  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
**Walter B Starkweather**  
(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **89** Years **10** Months **29** Days If under 24 hours  
Hours Minutes13 Usual Occupation: **Housewife**  
(Kind of work done during most of working life)14 Industry **Own home**  
or Business: **None**15 Social Security No. **Margaretsville**  
16 BIRTHPLACE (City) **Nova Scotia**  
(State or country)17 NAME OF FATHER **Joseph Cleveland**18 BIRTHPLACE OF FATHER (City) **Unable to obtain**  
(State or country)19 MAIDEN NAME OF MOTHER **Hepziba Harris**20 BIRTHPLACE OF MOTHER (City) **Unable to obtain**  
(State or country)21 Informant **Ada Harris**  
(Address) **14 Hermon St. Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
**Ralph E. Sullivan**  
(Signature of Agent of Board of Health of other)  
**Health Officer** (Official Designation) **5/8/58** (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

301A

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100-11-95-9145

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

91

STANDARD  
CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

SUFFOLK  
(County)  
WINTHROP  
(City or Town)

No. 10 FRANKLIN ST

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME VINCENT AMERENA

(If deceased is a married, widowed or divorced woman, give also maiden name.)

59 CREST AVE.

10 FRANKLIN ST.

(a) Residence. No. 10 FRANKLIN ST. St. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 38 years months days. In place of residence 38 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 7 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
4-20, 1958, to 5-7-58, 1958.I last saw him alive on May 6, 1958, death is said to  
have occurred on the date stated above, at 1:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 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## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons, as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-5-57-920345



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 95

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Lawrence Perry Stone

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 23 Ingleside Avenue

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 45 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 8 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Mays, 1958, to May 8, 1958

I last saw him alive on May 8, 1958, death is said to

have occurred on the date stated above, at 11:30 a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Infarction  
Myocardial Infarction

Due To (b) other causes

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Ralph E. Fennell, M. D.

(Address) 174 Winthrop St. Date 19

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 12 1958 19

7 NAME OF FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

MAY 12 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED married10a If married, widowed, or divorced  
HUSBAND of Phyllis Carpenter  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 9 Months 16 Days If under 24 hours  
Hours Minutes13 Usual Occupation: accountant  
(Kind of work done during most of working life)

14 Industry or Business: Town Of Winthrop

15 Social Security No. 012-01-9944

16 BIRTHPLACE (City) Everett  
(State or country) Mass.

17 NAME OF FATHER Moses Perry Stone

18 BIRTHPLACE OF FATHER (City) Everett  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Blanche Eva Leonard

20 BIRTHPLACE OF MOTHER (City) Chelsea  
(State or country) Mass.21 Informant Mrs. Lawrence P. Stone  
(Address) 23 Ingleside Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

96

STANDARD  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 17 Centre Street

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ PHYSICIAN — IMPORTANT

{ (Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 17 Centre St. Winthrop  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHMay 11 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

1958 to 1958, 19  
I last saw him alive on May 11/58, death is said to

have occurred on the date stated above, at 11:15 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive  
Heart DiseaseINTERVAL  
BETWEEN  
ONSET AND  
DEATH

8 yrs

Due To

(b) Chronic  
Atherosclerosis

18 yrs

Due To

(c) -

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? -

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? -

If so, specify

(Signed)

Lillian Shields, M. D.  
(Address) 22 Winthrop St. Winthrop, Mass. 876 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 14, 1958 19

7 NAME OF  
FUNERAL DIRECTORAlfred B. Marsh  
ADDRESS 174 Winthrop Street, Winthrop, Mass.

Received and filed MAY 12 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED widowed  
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Dorothea Emma Raithel  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 82 Years 5 Months 3 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: manager

(Kind of work done during most of working life)

14 Industry

or Business: Motion Picture Theatres

15 Social Security No. 010-07-8035

16 BIRTHPLACE (City) Boston (Hyde Park)  
(State or country) MASS.17 NAME OF  
FATHER

Theodore E. Clark

18 BIRTHPLACE OF

unknown (Nellie A.)

FATHER (City)

(State or country)

U.S. A.

19 MAIDEN NAME

OF MOTHER

unknown (Nellie A.)

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

U.S.A.

21

Informant

(Address)

Charles T. Clark

17 Centre St. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Healer Officer

(Date of Issuance of Permit)

5/13/58

V.B.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-57-920345

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 97

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME. (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 River Rd. St. Winthrop Mass  
(Usual place of abode) 35 minutes (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 11 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 11, 1958, to May 11, 1958  
I last saw him live on May 11, 1958, death is said to  
have occurred on the date stated above, at 11:50 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Immaturity

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
4+3/4  
mos.Due To (b) Partial premature sep-  
aration of placenta 1 mo.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) M. T. Cronin Jr. M. D.

(Address) 73 Bartlett Rd. Date 5/12/ 1958

6 Place of Burial or Cremation Winthrop  
(City or Town)

DATE OF BURIAL May 12 1958

7 NAME OF FUNERAL DIRECTOR Ernest P. Gagliardi

ADDRESS 141 Winthrop St. Winthrop

Received and filed MAY 12 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Single10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours  
Hours 35 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop  
(State or country) Mass.

17 NAME OF FATHER Charles De Minico

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary E. Estright

20 BIRTHPLACE OF MOTHER (City) Anna.  
(State or country)21 Informant Charles De Minico  
(Address) 36 River Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other)  
Heath Office 5/12/58  
(Official Designation) (Date of Issue of Permit)

X

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

\* **Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or Its Agent.

Registered No. 98

Suffolk

(County)

Winthrop

(City or Town)



No. 31 Atlantic St.

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME. Filippo Turco

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 31 Atlantic St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 13 years. months. days. In place of residence. 13 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 12, 1958

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw h. alive on , 19, death is said to

have occurred on the date stated above, at 4:45 P.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Arteriosclerotic Heart  
Disease

years

Due To Generalized Arteriosclerosis

years

OTHER  
SIGNIFICANT  
CONDITIONS NoneWas autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signature) Arthur J. O'Malley M. D.  
Winthrop Board of Health Date 13 May 19586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 16, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop, Mass

Received and filed May 15 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

Male White MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Vincenza Micciche

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years. Months. Days If under 24 hours  
Hours. Minutes13 Usual Occupation: Retired  
(Kind of work done during most of working life)

14 Industry or Business: Maintenance-man Mill

15 Social Security No. 024-07-2220

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Liborio Turco

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Antoinetta Meo

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Vincenzo Turco  
(Address) 31 Atlantic St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/15/58

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

MR-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
cause, or compli-  
which causedons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.tions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
ns to print or  
e cause or  
of death on  
rtificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

2 FULL NAME

Anna C (Gibbons) Bragg

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

St.

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

Length of stay: In place of death 8 years 8 months 60 days. In place of residence 60 years 8 months 60 days. (If nonresident, give city or town and State)

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH5 13 1958  
(Month) (Day) (Year)

4. I HEREBY CERTIFY That I attended deceased from

12-20, 1952 to 5-13, 1958

I last saw h alive on May 12, 1958 death is said to  
have occurred on the date stated above, at 9:15 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia  
(Terminal)

Due To

(b) Carcinomatosis

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSAsymptomatic  
Myotrophic lateral  
Sclerosis

yrs

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Gregorie M. D.

(Address) 194 Washington Ave. Date 5-14-1958

6 Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

May 16 1958

7 NAME OF  
FUNERAL DIRECTOR

ADDRESS

Received and filed

MAY 15 1958

19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 99

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED Widow  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Frederick C Bragg

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 68 Years 11 Months 4 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Nurse

(Kind of work done during most of working life)

14 Industry

or Business:

Practical

15 Social Security No.

Hornell

16 BIRTHPLACE (City) - New York  
(State or country)17 NAME OF  
FATHER

Bernard Gibbons

18 BIRTHPLACE OF

FATHER (City)

Millford

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER

Anna Webber

20 BIRTHPLACE OF

MOTHER (City)

Hornell

(State or country)

New York

21

Informant

(Address)

Helen Ford

5 Charme Rd. Tewksbury Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-9-58-917573

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS  
OR  
CERTIFICATEiving  
F DEATHenter  
an one  
or each  
) and (c)s not mean  
of dying,  
art failure,  
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or compli-  
ch caused. if any,  
e rise to  
use (a),  
he under-  
use last.ns contrib-  
ath but not  
the terminal  
dition givenchapter 137,  
4, requires  
to print or  
cause or  
death on  
icates.

50M-11-56-918973

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 100

No. 90 Shore Drive

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number))

2 FULL NAME Edna Orcutt (Brown)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 90 Shore Drive

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years months days. In place of residence 2 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 15 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Feb 2, 1956, to May 15, 1958

I last saw her alive on May 14, 1958, death is said to have occurred on the date stated above, at 2:28 P. M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial heart disease

Due To (b) 1st heart attack

Due To (c) 2nd heart attack

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alfred B. Marsh, M. D.

(Address) 174 Winthrop St. Winthrop, Mass. Date May 16 1958

6 Ashland Cemetery Ashland, Maine  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 19, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 16 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED widowed or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Dexter Bonner Orcutt

11 IF STILLBORN, enter that fact here.

12 AGE 89 Years 10 Months 22 Days If under 24 hours Hours Minutes

13 Usual Occupation: housework (Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. none

16 BIRTHPLACE (City) Portage (State or country) Maine

17 NAME OF FATHER William Brown

18 BIRTHPLACE OF FATHER (City) Chatham (State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Rebecca Thompson

20 BIRTHPLACE OF MOTHER (City) Chatham (State or country) New Brunswick

21 Informant Miss. Lucy Frost Orcutt (Address) 90 Shore Drive, Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/16/58

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include, not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

Does not mean  
of dying,  
heart failure,  
etc. It means  
the cause of death  
which caused

ns, if any,  
have rise to  
cause (a),  
the under-  
cause last.

ions contrib-  
death but not  
the terminal  
condition given

Chapter 137,  
1954, requires  
as to print or  
e cause or  
of death on  
ertificate.

50M-11-56-9(8978)

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 101

No. 62 Almont St.

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME Gertrude May Wingren (Bezanson)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence, No. 62 Almont St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 38 years months days. In place of residence 38 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 16 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from  
May 15, 1958, to May 16, 1958I last saw her alive on May 16, 1958, death is said to  
have occurred on the date stated above, at 5:00 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 Day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To (b) Arterio sclerotic-Coronary  
Heart Disease 5 yrs.Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS None.

Was autopsy performed? No

What test confirmed diagnosis Clinical.

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass Date 5/17/58

6 Woodlawn Cemetery, Everett, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 19, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

MAY 19 1958  
John A. Clark  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED married  
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Oscar Olaf Wingren  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 6 Months 5 Days If under 24 hours  
Hours Minutes13 Usual Occupation: housework  
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 023-03-1279-B

16 BIRTHPLACE (City) Port Mouton  
(State or country) Nova Scotia

17 NAME OF FATHER John Graham Bezanson

18 BIRTHPLACE OF FATHER (City) Port Mouton  
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Anna Leslie

20 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)21 Informant Oscar O. Wingren  
(Address) 62 Almont St. Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Health Officer 5/19/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

102

No. Bay View Nursing Home

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)2 FULL NAME George H Penke  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 166 Highland Ave.  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 30 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 18, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
MAY 15, 1958, to MAY 18, 1958I last saw him alive on MAY 18, 1958, death is said to  
have occurred on the date stated above, at 8:30 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PNEUMONIA

Due To CEREBRAL HEMORRHAGE  
(b)Due To PARKINSON'S DISEASE  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? .....

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) Jennie S. Rostman, M. D.

(Address) 47 Worthington Ave. Date 5-19 1958

6 Moshassuck Central Falls R.I.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 22 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Rymalick  
ADDRESS Winthrop

Received and filed MAY 21 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Ruth Dodge  
(Give maiden name of wife in full)

(or) WIFE of .....

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 5 Months 4 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Clerk  
(Kind of work done during most of working life)

14 Industry or Business: Post Office

15 Social Security No. None

16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.

17 NAME OF FATHER William Penke

18 BIRTHPLACE OF FATHER (City) Cambridge  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Unable to obtain

20 BIRTHPLACE OF MOTHER (City) Germany  
(State or country)21 Informant Ruth Penke  
(Address) 166 Highland Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Luccombe  
(Signature of Agent of Board of Health or other)Malcolm Officer 5/21/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS  
OR  
CERTIFICATEiving  
F DEATHt enter  
han one  
for each  
b) and (c)es not mean  
of dying,  
heart failure,  
c. It means  
or compli-  
which causeds, if any,  
ve rise to  
ause (a),  
the under-  
ause last.ons contrib-  
eath but not  
the terminal  
dition givenChapter 137,  
954, requires  
s to print or  
cause or  
death on  
ificates.

50M-5-35-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 142 Pleasant Street

Winthrop Crescent Home

2 FULL NAME Celina Arsenault

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 125 Spencer Avenue  
(Usual place of abode)

St. Chelsea, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years 8 months days. In place of residence 40 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 19 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 5/9 1958, to 5/19 1958

I last saw him alive on 5/19/1958, death is said to have occurred on the date stated above, at 4:00 m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 DAYS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) BRONCHO-PNEUMONIA

Due To CEREBRAL  
(b) SCLEROSISDue To GENERALIZED  
(c) ARTERIO-SCLEROSISOTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? 0

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? 0  
If so, specify

(Signed) Fred O'Brien M. D.

(Address) 113 Pleasant Street Date 5/19/58

Holy Cross Cemetery Malden, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL William F. Welsh May 22 1958

7 NAME OF FUNERAL DIRECTOR William F. Welsh

ADDRESS 718 Broadway Chelsea, Mass.

Received and filed

MAY 21 1958

19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 103

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Arsenault Arsenault  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: House work  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City)  
(State or country) Canada

17 NAME OF FATHER Onizime Gaudet

18 BIRTHPLACE OF FATHER (City)  
(State or country) Canada

19 MAIDEN NAME OF MOTHER Marie Arsenault

20 BIRTHPLACE OF MOTHER (City)  
(State or country) Canada21 Informant Ida Nolan (daughter)  
(Address) 123 Spencer Ave. ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

Anthony Frini

(COURT ORDER)

2 FULL NAME (If deceased is a married, widowed or divorced woman, give also maiden name.)

39 Bowdoin St

Boston, Mass.

(a) Residence. No. (Usual place of abode) St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 7 days. In place of residence years 6 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 23 - 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

Apr. 17, 1958 to May 23, 1958

I last saw him alive on MAY 23, 1958, death is said to

have occurred on the date stated above, at 12:35 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic CARCINOMA.

2 months

Due To (b) CARCINOMA Tail of Pancreas

2 months

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Meloni, M. D.

(Address) 305 Haver &amp; Boston Date May 23, 1958

6 St. Michaels Cemetery Forest Hill

Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 26 1958 19

7 NAME OF FUNERAL DIRECTOR

ADDRESS 773 Broadway Revere

Received and filed MAY 26 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 104

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

AGE 65 3 Months 20 Days If under 24 hours  
Hours Minutes13 Usual Occupation: shoe worker  
(Kind of work done during most of working life)

14 Industry or Business: same Shoe Bus. nes S

15 Social Security No. 012-10-9924

16 BIRTHPLACE (City) Prizzi Palermo Italy  
(State or country)

17 NAME OF FATHER Philip Fucarino

18 BIRTHPLACE OF FATHER (City) Prizzi Palermo Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Giovanna Falsona

20 BIRTHPLACE OF MOTHER (City) Prizzi Palermo Italy  
(State or country)

21 George Cannariato

Informant (Address) 27 Anawan Ave W. Rox, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5-26-58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING.

ORGANIZATION AND OUTFIT.

SERVICE NUMBER

IR-301A

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CERTIFICATEgiving  
OF DEATHot enter  
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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 53A Nahant Ave., Winthrop

2 FULL NAME Mr. Louis William Black  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 53 A Nahant Ave.  
(Usual place of abode)

St. \_\_\_\_\_ (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 8 months 8 days. In place of residence 8 years 8 months 8 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at 10:30 P. m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural CausesDue To Presumably:  
(b) Coronary Occlusion suddenDue To Rheumatic Heart Disease years  
(c) (compensated)OTHER  
SIGNIFICANT  
CONDITIONS noneWas autopsy performed? no  
What test confirmed diagnosis? Post-mortem opinion5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_(Signed) Arthur C. Murray M. D.  
Winthrop Board of Health Date 27 May 19586 Woodlawn Crematory Everett  
Place of Burial or Cremation (City or Town)DATE OF BURIAL May 29 19587 NAME OF FUNERAL DIRECTOR J.S. Waterman & Sons Inc  
ADDRESS BostonReceived and filed May 29, 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHRegistered No. 105(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR W 10 SINGLE (write the word)  
MARRIED  
WIDOWED or DIVORCED married10a If married, widowed or divorced,  
HUSBAND of Helene Brosseau  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 52 11 22  
AGE Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Atty.  
(Kind of work done during most of working life)14 Industry or Business: Self

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Rochester, NY  
(State or country)17 NAME OF FATHER Abraham W. Black18 BIRTHPLACE OF FATHER (City) Moravia, NY  
(State or country)19 MAIDEN NAME OF MOTHER Anna Liberman20 BIRTHPLACE OF MOTHER (City) Syracuse, NY  
(State or country)21 Informant Helene B. Black  
(Address) 53 A Nahant Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 5 28 58

50M-3-56-917573

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

MR-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which causedons, if any,  
gave rise to  
cause (a),  
the under-  
cause last.itions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
ns to print or  
e cause or  
of death on  
certificates.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

383 Pleasant St. Winthrop, Mass.

No.

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

## CERTIFICATE OF DEATH

Registered No.

106

2 FULL NAME

Louise Victoria Vass

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

827 Winthrop Ave.

(Usual place of abode)

St.

Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....1.....days. In place of residence.....18.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

May

27,

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1958, to May 27, 1958

I last saw h.....alive on May 27, 1958, death is said to  
have occurred on the date stated above, at 10.00 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary thrombosis

5 mos.

Due To

(b) Myocardial infarct

3 mos.

Due To

(c) Angina pectoris

3 mos.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Pys. Exam. EKG

5 Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed)

William L. Driscoll, M.D.

(Address)

Revere

Date 5-28

1958

6 Glenwood

Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

May 31

1958

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Received and filed

May 29, 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 57

Years 4

Months 5

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Office clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Department Store

15 Social Security No.

023-10-7087

16 BIRTHPLACE (City)

Boston

(State or country)

Mass.

17 NAME OF

FATHER

Joseph M Vass

18

BIRTHPLACE OF

FATHER (City)

(State or country) Portugal

19

MAIDEN NAME

OF MOTHER

Elizabeth Gibbon

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Edith A Armitstead

383 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Sullivan

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

50M-11-56-91897A

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
the, or compli-  
which causedons, if any,  
cause rise to  
cause (a),  
the under-  
cause last.tions contrib-  
death but not  
to the terminal  
condition givenChapter 137,  
1954, requires  
ans to print or  
the cause or  
of death on  
certificates.

50M-11-56-918978

PLACE OF DEATH

1

Suffolk  
(County)  
Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 107

No. Mayflower Nursing Home 39 Grover Ave., St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Jacob J. Benker

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

(Usual place of abode)

7 Thurston

St.

East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 27 days. In place of residence 38 years.....months.....days.

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 28 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 15, 1957, to May 28, 1958.I last saw him alive on May 26, 1958, death is said to  
have occurred on the date stated above, at 1:00 A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

5 Yrs.

Due To

(b) Generalized Arteriosclerosis

10 Yrs.

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS Senility

Was autopsy performed? No

What test confirmed diagnosis? Clinical findings

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) John F. Collins, M. D.

(Address) Revere, Mass. Date May 28 1958

6 Holy Cross, Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 31, 1958

7 NAME OF  
FUNERAL DIRECTOR

ADDRESS 286 Meridian St., E.B.

Received and filed

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)  
MARRIED  
WIDOWED Widowed  
or DIVORCED10a If married, widowed or divorced  
HUSBAND of Mary E. W. Namara  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years Months Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Retired Letter Carrier  
(Kind of work done during most of working life)

14 Industry or Business: U. S. Post Office

15 Social Security No. none

16 BIRTHPLACE (City) East Boston  
(State or country) Mass.

17 NAME OF FATHER Adam Benker

18 BIRTHPLACE OF FATHER (City) Germany  
(State or country)

19 MAIDEN NAME OF MOTHER Rosina Reister

20 BIRTHPLACE OF MOTHER (City) Germany  
(State or country)21 Informant (Address) Mrs. Edna Riley  
7 Thurston St., E.B.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 5-28-58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal, provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 43, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X  
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No.

108

No. 142 Pleasant St. Wm. Comalescent Home (If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME James R Jennings

(If deceased is a married, widowed or divorced woman, give also maiden name.)

110 Almont St.

(a) Residence. No. (Usual place of abode) St.

Length of stay: In place of death years months 13 days. In place of residence 65 years months days. (If nonresident, give city or town and State)

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 28 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1940, to May 28, 1958  
I last saw him alive on May 24, 1958, death is said to have occurred on the date stated above, at 1:00 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Congestive heart failure

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) H. B. Greenfield, M. D.  
(Address) 447 Shirley St. Winthrop, Mass.  
Date May 29, 1958

6 Woodlawn Crematory Everett  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL May 31 1958

7 NAME OF FUNERAL DIRECTOR Edmund S. Russell  
ADDRESS Winthrop, Mass.  
Received and filed May 29, 1958 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED Widowed or DIVORCED

10a If married, widowed or divorced, HUSBAND of Stella R. Murphy  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years 6 Months 26 Days If under 24 hours Hours Minutes

13 Usual Occupation: Engineer  
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No. 023-10-6700

16 BIRTHPLACE (City) Yorkshire  
(State or country) England

17 NAME OF FATHER Thomas Jennings

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME Elizabeth Glidhill  
OF MOTHER

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)

21 Informant Doris Marden  
(Address) 110 Almont St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 5/29/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary Edition).

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Chap. 114, Sec. 46, G. L., (Centenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 109

No. 145 Pleasant St. Winthrop (Grove Street) Home (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Giuseppe Loretì  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 111 Mountain Ave. St. Revere  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 7 years 0 months 0 days. In place of residence 25 years 0 months 0 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH MAY 26th 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from JAN 1946 to MAY 26 1958,  
I last saw him alive on MAY 26 1958, death is said to have occurred on the date stated above, at 9:15 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 yrs

Due To (b) HYPERTENSION  
ARTERIOSCLEROSIS

10 yrs

Due To (c)

OTHER SIGNIFICANT CONDITIONS BRONCHO PNEUMONIA  
CONGESTIVE HEART FAILURE

1 month

Was autopsy performed? No  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Conrad Catino M. D.  
(Address) 603 Broadway Ave (Date) May 31 1958

6 St. Michael Cemetery Boston  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL May 31 1958

7 NAME OF FUNERAL DIRECTOR Charles Bruno & Son  
ADDRESS 14 Proctor Ave. Revere, Mass.

Received and filed June 2 1958  
(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) Widowed  
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Gertrude Giannini  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 7 Months 0 Days If under 24 hours \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

13 Usual Occupation: Iron Foundry Worker  
(Kind of work done during most of working life)

14 Industry or Business: Iron Foundry

15 Social Security No. None

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Giovanni Loretì

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Anna Unknown

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

21 Informant Ada Avallone (Daughter)  
(Address) 111 Mountain Ave. Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:  
Charles Bruno & Son  
(Signature of Agent of Board of Health or other)  
Charles Bruno  
(Official Designation) (Date of Issue of Permit) 5/29/58

INSTRUCTIONS  
FOR  
CERTIFICATE

giving  
OF DEATH

not enter  
than one  
for each  
(b) and (c)

does not mean  
of dying,  
heart failure,  
etc. It means  
the compli-  
which caused

ns, if any,  
ave rise to  
cause (a),  
the under-  
cause last.

ions contrib-  
death but not  
the terminal  
condition given

Chapter 137,  
1954, requires  
to print or  
cause or  
death on  
ificates.

-3/25

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection, relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without attendant medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

CTIONS  
OR  
CERTIFICATEiving  
F DEATHt enter  
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b) and (c)es not mean  
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ause last.ons contrib-  
eath but not  
the terminal  
dition givenChapter 137,  
54, requires  
s to print or  
cause or  
death on  
ificates.

SON-11-56-918978

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 110

No.

500 SHIRLEY

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

BENJAMIN FINE

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No.

500 SHIRLEY

St.

WINTHROP, MASS

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 23 years months days. In place of residence 23 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHMAY 29 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased on

MAY 12, 1958, to MAY 29, 1958

I last saw him alive on MAY 29, 1958, death is said to

have occurred on the date stated above, at 5:20 P.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

15 MIN

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CORONARY OCCLUSION

Due To  
(b)ARTERIC SCLEROTIC HEART  
DIS. WITH AURICULAR FIBRILLATION

10 YRS

Due To  
(c)

GENERAL ARTERIOSCLEROSIS

10 YRS

OTHER  
SIGNIFICANT  
CONDITIONSPROSTATIC HYPERTROPHY  
BENIGN

3 YRS

Was autopsy performed?

NO

What test confirmed diagnosis?

CLINICAL

5 Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed)

Myron H. King

M. D.

(Address)

22 PLEASANT ST

Date

5/29, 1958

6 BETH ISRAEL

WINTHROP

EVERETT

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

MAY 30

1958

7 NAME OF

FUNERAL DIRECTOR

Benjamin Birnback

ADDRESS

10 Washington St Dorchester

Received and filed

JUN 2, 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

MALE

9 COLOR

WHITE

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

WIDOWER

10a If married, widowed, or divorced

HUSBAND of

BOBBIE SNYDER

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

54

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

AUTO BUSINESS

(Kind of work done during most of working life)

14 Industry  
or Business:

RETIRED

15 Social Security No.

NONE

16 BIRTHPLACE (City)  
(State or country)

RUSSIA

17 NAME OF  
FATHER

ABRAHAM FINE

18 BIRTHPLACE OF  
FATHER (City)

RUSSIA

(State or country)

19 MAIDEN NAME  
OF MOTHER

CANNOT BE LEARNED

20 BIRTHPLACE OF  
MOTHER (City)

RUSSIA

(State or country)

21

Informant

(Address)

MICHAEL KOVEN

500 SHIRLEY ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Scurian

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

5/29/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 27 Enfield Road

STANDARD  
CERTIFICATE OF DEATH

Registered No. 111

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME Charles Schmidt  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, WW #1  
if so specify WAR)(a) Residence. No. 27 Enfield Road  
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death. 35 years. months. days. In place of residence 35 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 29, 1958.  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19I last saw h. alive on 19, death is said to  
have occurred on the date stated above, at 8:40 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary  
(b) Occlusion SuddenDue To Arteriosclerotic Heart  
(c) Disease yearsOTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) Arthur C. Murray M. D.  
Winthrop Board of Health 31 May 19586 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 2, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop Mass

Received and filed JUN 2 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Mae F. Egan  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Staff Artist  
(Kind of work done during most of working life)

14 Industry or Business: Newspaper

15 Social Security No. 011-01-9552

16 BIRTHPLACE (City) Brooklyn  
(State or country) New York

17 NAME OF FATHER Charles Schmidt

18 BIRTHPLACE OF FATHER (City) Brooklyn  
(State or country) New York

19 MAIDEN NAME OF MOTHER Ida E. Otto

20 BIRTHPLACE OF MOTHER (City) Cannot be learned  
(State or country)21 Informant James Schmidt  
(Address) 149 Aldrich St. RoslindaleI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Health Officer 6/2/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician, or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE	10-1-1918
DATE OF DISCHARGE	12-11-1918
RANK, RATING	Private
ORGANIZATION AND OUTFIT	Students Army Training Corps Columbia University
SERVICE NUMBER	5140916

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PLACE OF DEATH

Suffolk

Winthrop

(City or Town)

No. Winthrop Community

2 FULL NAME William L. Craig

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 454 Winthrop Ave.,

(Usual place of abode)

St. Revere

(If nonresident, give city or town and State)

Length of stay: In place of death years months 12 days In place of residence 27 years months days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 31 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from 7-28 1958 to May 31 1958

I last saw him alive on May 31 1958 death is said to have occurred on the date stated above, at 3110P m.

DISEASE OR CONDITION  
DIRECTLY LEADING  
TO DEATH (a) Coronary

occlusion

ANTE CEDENT CAUSES (b) Arteriosclerosis  
Heart diseaseDue To  
(c)

OTHER SIGNIFICANT CONDITIONS old myocardial infarctions

Major findings:  
Of operations.

Date of operation. Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Vincent Murray M. D.  
(Address) Revere Mass Date 6-3-58 19586 St. Brenards Concord Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 3, 1958

7 NAME OF FUNERAL DIRECTOR J. Vincent Murray

ADDRESS Revere Mass

Received and filed JUN 2 1958

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 112

{(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR OR RACE white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Grace E. Morrissey  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 54 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: clerk  
(Kind of work done during most of working life)

14 Industry or Business: Post Office Dept.

15 Social Security No.

16 BIRTHPLACE (City) Concord Mass.  
(State or country)

17 NAME OF FATHER John Craig

18 BIRTHPLACE OF FATHER (City) Concord Mass.  
(State or country)

19 MAIDEN NAME OF MOTHER Hannah Cronin

20 BIRTHPLACE OF MOTHER (City) Concord Mass.  
(State or country)21 Informant Mrs. Grace Craig  
(Address) 454 Winthrop Ave.I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Essex

Lynn (County)

(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Lynn

(City or town making return)

Registered No. 143

No. DOA Lynn Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Ehrig  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence No. 70 Moore St. Wintthrop  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years 3 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 21, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary thrombosis

Sudden death

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did Injury occur?  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?

(Specify type of place)

Manner of Injury  
(How did injury occur?)

Nature of Injury

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph A. DiGlerico M. D.

(Address) Mahant, Mass Date 5/21/58

7 Place of Burial or Cremation St. Paul's Lutheran Troxlerstown, Pa.  
(City or Town)

DATE OF BURIAL May 26, 1958

8 NAME OF FUNERAL DIRECTOR John J. Green  
ADDRESS 431 Trapale Rd., Blemont

Received and filed JUN 12 1958

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)  
MARRIED  
WIDOWED married  
or DIVORCED

11a If married, widowed, or divorced  
HUSBAND of Winifred Litzenberger  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 40 Years 10 Months 27 days If under 24 hours  
Hours Minutes

14 Usual Occupation Captain  
(Kind of work done during most of working life)

15 Industry U.S. Army  
or Business

16 Social Security No. 207-10-9914

17 BIRTHPLACE (City) Allentown, Pa.  
(State or country)

18 NAME OF FATHER Ray L. Ehrig

19 BIRTHPLACE OF FATHER (City) Allentown, Pa.  
(State or country)

20 MAIDEN NAME Edna C. Christ  
OF MOTHER

21 BIRTHPLACE OF MOTHER (City) Centor Valley, Pa.  
(State or country)

22 U. S. Army - Records  
Informant (Address) Ft. Banks - Wintthrop

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED 5/28/58

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **111**

PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



No. *Winthrop Community Hosp* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *John - Rizzo*  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) *No*

(a) Residence. No. *230 Revere St* St. *Revere, mass*  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *6 3 1958*  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from *6-2*, 19*58*, to *6-3*, 19*58*

I last saw him live on *6-3*, 19*58*, death is said to

have occurred on the date stated above, at *12:15 A.m.*

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) *Acute Coronary*

Due To *Thrombosis - Extensive*  
(b) *1 day*

Due To \_\_\_\_\_  
(c)

OTHER SIGNIFICANT CONDITIONS *Healed Pulm. Tbc*  
*Old Thoracoplasty, left.*

Was autopsy performed? *No*

What test confirmed diagnosis? *EKG etc*

5 Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_

(Signed) *W. W. Potito*, M. D.

(Address) *17A Bennington St* Date *6-3 1958*

6 *Holy Cross Cemetery* *MASS.*  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL *June 6, 1958*

7 NAME OF FUNERAL DIRECTOR *Paul Buonfiglio*

ADDRESS *128 Revere St Revere*

Received and filed *JUN 6 1958* 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 9 COLOR *White* 10 SINGLE (write the word) *Married*  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of *Marcella Scrivano*  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE *45* Years *6* Months \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_ Minutes  
If under 24 hours

13 Usual Occupation: *Salesman*  
(Kind of work done during most of working life)

14 Industry or Business: *Shoes*

15 Social Security No. *022-07-7220*

16 BIRTHPLACE (City) - *Revere, mass.*  
(State or country)

17 NAME OF FATHER *Joseph Rizzo*

18 BIRTHPLACE OF FATHER (City) *Italy*  
(State or country)

19 MAIDEN NAME OF MOTHER *Maria Vinna*

20 BIRTHPLACE OF MOTHER (City) *Italy*  
(State or country)

21 Informant *Mrs. Marcella Rizzo*  
(Address) *230 Revere St Revere, mass.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Ralph E. Scaramuzza*  
(Signature of Agent of Board of Health or other)  
*Health Officer* *6/5/58*  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X  
1  
PLACE OF DEATH

Suffolk

(County)

Wintthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 115

No. 20 Forest St. (If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME John J. Silva  
(If deceased is a married, widowed or divorced woman, give also maiden name.){ PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 20 Forest St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 30 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 3, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
June, 1952, to June 3, 1958

I last saw him alive on June 2, 1958, death is said to

have occurred on the date stated above, at 11:45 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion, Acute

5 min.

Due To (b) Hypertensive Coronary Artery  
Heart Disease 7 yrs.Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

None.

Was autopsy performed? No.

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify.

(Signed) Charles Liberman M. D.

(Address) Wintthrop, Mass. Date 6/2/1958

6 Garden Cemetery Chelsea  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 6 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Wintthrop Mass

Received and filed JUN 4 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

Male White MARRIED  
WIDOWED  
or DIVORCE Married10a If married, widowed, or divorced  
HUSBAND of Josephine W. Beard  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Retired meat cutter  
(Kind of work done during most of working life)

14 Industry or Business: Provision

15 Social Security No.

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER Isaac Silva

18 BIRTHPLACE OF FATHER (City) Portugal  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Perry

20 BIRTHPLACE OF MOTHER (City) Portugal  
(State or country)21 Informant Josephine W. Silva  
(Address) 26 Forest St WintthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial of transit permit was issued:

(Signature of Agent of Board of Health or other)

Ho. June 4/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. **116**

**Suffolk**  
(County)

**Winthrop**  
(City or Town)

No. **Mount Rest Home 104 Highland Ave** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Mary Donahue (Davis) Winthrop**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN - IMPORTANT**  
(Was deceased a U. S. War Veteran, if so specify WAR) **no**

(a) Residence. No. **1 Vallar Rd East Boston** St. **Boston**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **1** years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence **5** years \_\_\_\_\_ months \_\_\_\_\_ days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **JUNE 4 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**JANUARY 27**, 19**57**, to **JUNE 4**, 19**58**  
I last saw her alive on **MAY 27**, 19**58**, death is said to  
have occurred on the date stated above, at **8:45 A.m.**

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

**SOODEN**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **CORONARY THROMBOSIS**

Due To (b) **HYPERTENSIVE  
HEART DISEASE**

**1 1/2 yrs.**

Due To (c) \_\_\_\_\_

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) **Francis P. Schreffle**, M. D.  
(Address) **104 Bennington St. E. B. June 4 1958**

6 **Holy Cross Malden**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **June 6 1958**

7 NAME OF FUNERAL DIRECTOR **Richard C Kirby**  
ADDRESS **917 Bennington St. East Boston**

Received and filed **JUN 4 1958** 19 \_\_\_\_\_

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word)  
**MARRIED WIDOWED or DIVORCED Widowed**

10a If married, widowed, or divorced

HUSBAND of \_\_\_\_\_

(Give maiden name of wife in full)

(or) WIFE of **Bernard Donahue**  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **75** Years **8** Months **2** Days  
If under 24 hours \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

13 Usual Occupation: **Housewife**  
(Kind of work done during most of working life)

14 Industry or Business: **At Home**

15 Social Security No. **Cannot be learned**

16 BIRTHPLACE (City) **Boston**  
(State or country) **Massachusetts**

17 NAME OF FATHER **Emanuel Davis**

18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) **Portugal**

19 MAIDEN NAME OF MOTHER **Emelia Machado**

20 BIRTHPLACE OF MOTHER (City) \_\_\_\_\_  
(State or country) **Portugal**

21 Informant **George Donahue son**  
(Address) **330 Meridian Street E Bostor**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other) **Ralph Soranno**  
(Official Designation) **H/O** (Date of Issue of Permit) **6/4/58**

X

## EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN - 21 1950 PM



RECEIVED

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 117

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)

No. 53 CREST AVE

2 FULL NAME AGNES R (REYNOLDS) WHARTON

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 53 CREST AVE

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 15 years months days. In place of residence 32 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 8 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19I last saw him alive on 19, death is said to  
have occurred on the date stated above, at m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ~~Presumably~~ Due to(b) natural causes,  
presumably coronary  
occlusion.(c) Winthrop Board of Health  
Charles Liberman, MDOTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) Charles Liberman M. D.

(Address) Winthrop Date 6/10/58

6 HOLY CROSS MALDEN  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL JUNE 12 1958

7 NAME OF FUNERAL DIRECTOR Maurice M. Fuby

ADDRESS 210 WINTHROP ST WINTHROP

Received and filed JUN 10 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word) MARRIED WIDOWED WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of(Give maiden name of wife in full)  
(or) WIFE of WILTON G WHARTON  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: HOME WIFE  
(Kind of work done during most of working life)

14 Industry or Business: HOME

15 Social Security No. NY NY

16 BIRTHPLACE (City) NY NY  
(State or country)

17 NAME OF FATHER JOHN V REYNOLDS

18 BIRTHPLACE OF FATHER (City) NY CITY  
(State or country) NY

19 MAIDEN NAME OF MOTHER JULIA MULCAHEY

20 BIRTHPLACE OF MOTHER (City) NY CITY  
(State or country) NY21 Informant JOHN WHARTON  
(Address) 131 RUSSELL ST EVERETTI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Serrano  
(Signature of Agent of Board of Health or other)Health Officer 6/10/58  
(Official Designation) (Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Boston WINTHROP

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 118

No. Mayflower Nursing Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Leah Levy (Lipschutz)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT  
(Was deceased a U. S. War Veteran,  
if so specify WAR) no.

(a) Residence, No. 538 Beach  
(Usual place of abode)

St. Revere, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 3 1/2 years months days. In place of residence 28 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10<sup>th</sup> 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
March, 1954 to June 10<sup>th</sup>, 1958  
I last saw her alive on June 9, 1958, death is said to  
have occurred on the date stated above, at 5-A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Fulminating Virus Pneum 48 hrs

Due To Parkinsons Disease 8 years  
(b)

Due To Senility  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? —

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) Louis Siegel, M. D.

(Address) 72 Shirley Ave Date 6/10 1958

6 Kaminker Revere (Lebanon) Revere

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 12, 19 58

7 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon  
ADDRESS 420 Harvard Street, Brookline.

Received and filed JUN 11 1958 19

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED widowed

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Abraham Levy  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. none

16 BIRTHPLACE (City) New York, N.Y.  
(State or country)

17 NAME OF FATHER Abraham Lipschutz

18 BIRTHPLACE OF FATHER (City) Poland  
(State or country)

19 MAIDEN NAME OF MOTHER xx Hannah (unknown)

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)

21 Informant Sadie Burnim  
(Address) 10 Walnut Avenue, Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 6/11/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 119

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Lucia Labadessa (Bombaci)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 85 St. Andrew Road

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months 35 days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 16 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from June 10 1958, to June 16 1958

I last saw her alive on June 16 1958, death is said to

have occurred on the date stated above, at 6:00P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia (Terminal

1 day

(b) Due To Cerebro vascular  
accident

3 days

(c) Due To Arteriosclerosis  
generalized

yrs.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) *James H. Gregory*, M. D.

(Address) 194 Washington Ave 6/16 1958

6 Holy Cross Cemetery, Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 19th 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed JUN 18 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED  
WIDOWED  
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Joseph Labadessa

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 78 Years 3 Months 6 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Peter Bombaci

P

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

P

19 MAIDEN NAME

OF MOTHER

Stella Romano

P

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Mrs. Carmela Berry-dau.

83 St. Andrew Rd., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Ralph C. Schaeffer*

(Signature of Agent of Board of Health or other)

*Health Officer*

(Official Designation)

6/18/58

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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## RULES OF PRACTICE

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 62 Cottage Avenue

2 FULL NAME Matthew E. Cardoza

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Cottage Avenue, Winthrop

(Usual place of abode)

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 120

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

Length of stay: In place of death 29 years months days. In place of residence 29 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH JUNE 17, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from JUNE 19, 1958, to JUNE 17, 1958

I last saw him alive on JUNE 17, 1958, death is said to

have occurred on the date stated above, at 4:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CIRRHOSIS OF LIVER  
TYPE NOT DETERMINED.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 WEEK

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS JAUNDICE - EDEMA  
ASCITES

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) A. N. Caplan, M. D.

(Address) 19 Mermaid Ave., Winthrop Date 6-18, 1958

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 20th 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E. Boston

Received and filed JUN 19 1958

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed or divorced

HUSBAND of Mary J. Benavidz

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

81

Years

5

Months

12

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation

Real Estate

(Kind of work done during most of working life)

14 Industry

or Business

Own Business

15 Social Security No.

019-28-6096

16 BIRTHPLACE (City)

Azores

(State or country)

Portugal

17 NAME OF

FATHER

Bartholemew Cardoza

18 BIRTHPLACE OF

FATHER (City)

Azores

(State or country)

Portugal

19 MAIDEN NAME

OF MOTHER

Mary Cardoza (OK)

20 BIRTHPLACE OF

MOTHER (City)

Azores

(State or country)

Portugal

21

Informant

(Address)

Mrs. Mary J. Cardoza-wife

62 Cottage Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Office

(Official Designation)

6/19/58

(Date of Issue of Permit)

J.B.V.

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUN 19 1955 PM



RECEIVED

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PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 121

No. 52 Locust Street

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)2 FULL NAME Ida Weidenfeld  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 52 Locust Street St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years 6 months days. In place of residence 8 years 6 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 20, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
October, 1952, to June 20, 1958

I last saw her alive on June 20, 1958, death is said to

have occurred on the date stated above, at 6:10 P.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 min

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Embolus

Due To (b) Rheumatic Heart Disease 20 yrs  
with Mitral Aortic and Tricuspid valve  
Disease.

Due To (c)

OTHER SIGNIFICANT CONDITIONS Cardiac Decompensation 15 yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman M. D.

(Address) WINTHROP, MASS Date June 21, 1958

6 American Austrian Webster  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 22, 1958

7 NAME OF FUNERAL DIRECTOR Arnold Golov

ADDRESS 1668 Beacon St Brookline

Received and filed JUN 23, 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of David  
(Give maiden name of wife in full)(or) WIFE of David Weidenfeld  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housework  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. None

16 BIRTHPLACE (City) Roumania  
(State or country)

17 NAME OF FATHER Marcus Tobias

18 BIRTHPLACE OF FATHER (City) Roumania  
(State or country)

19 MAIDEN NAME OF MOTHER Goldie (C-b-2)

20 BIRTHPLACE OF MOTHER (City) Roumania  
(State or country)21 Informant Hilda Fisher (Jaw)  
(Address) 52 Locust St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. McNamee  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 6/22/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

122

No. Bayview Nursing Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

Elizabeth A. McRAY (McNabb)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

(a) Residence. No.

22 Beale

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 11 months 18 days. In place of residence 6 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

June

21

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 1, 1958 to June 21, 1958

I last saw her live on June 19, 1958, death is said to

have occurred on the date stated above, at 8: a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 yrs.

5 yrs.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive Heart Disease

Due To Hypertension

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSCarcinoma of Right Kidney 2 yrs.  
& Fracture of Right Hip 2 yrs.

Was autopsy performed? No

What test confirmed diagnosis? Removal of Right Kidney 1958

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed)

John F. Collins M.D.

(Address)

27 Bennington St. Revere June 21, 1958

6 Woodlawn

Mass. Everett

Place of Burial or Cremation

DATE OF BURIAL

June 24 1958

7 NAME OF  
FUNERAL DIRECTOR

Frederick J. MAGRATH

ADDRESS

East Boston

Received and filed

JUN 23 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED  
WIDOWED  
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Henry A. McCay  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

81

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

House work

(Kind of work done during most of working life)

14 Industry  
or Business:

Own home

15 Social Security No.

16 BIRTHPLACE (City)

Liverpool

(State or country)

England

17 NAME OF  
FATHER

Robert McNabb.

18 BIRTHPLACE OF

FATHER (City)

(State or country)

England

19 MAIDEN NAME  
OF MOTHER

Elizabeth Cassidy

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

England

21

Informant

(Address)

Matthew W. McCay  
22 Beale St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial of transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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ONS

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50M-11-56-918978

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

123

No. 274 Bowdoin St.

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME

Bertha E. Chandler (Sawin)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No.

274 Bowdoin St.

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHJUNE 22 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from

Feb. 28, 1953, to JUNE 22, 1958

I last saw her alive on JUNE 21, 1958, death is said to

have occurred on the date stated above, at 1:45 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

5 YRS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ARTERIOSCLEROTIC HEART  
DISEASE

Due To

(b) GENERALIZED ARTERIO-  
SCLEROSIS

8 YRS.

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

CHRONIC CHOLECYSTITIS 10 YRS.

Was autopsy performed?

NO

What test confirmed diagnosis? CLINICAL + LABORATORY

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

M. Trautwein Jr.

M. D.

(Address)

73 BARTLETT RD. WINTHROP, MASS. JUNE 22, 1958

6 Riverside Cemetery, Winchendon  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL

June 24, 1958

7 NAME OF

FUNERAL DIRECTOR

Richard H. Snow

ADDRESS

343 Central St. Winchendon

Received and filed

JUN 23 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Alton Chandler  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 82 Years - Months 29 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housework  
(Kind of work done during most of working life)

14 Industry

or Business:

at Home

15 Social Security No.

16 BIRTHPLACE (City) Winchendon, Mass.  
(State or country)17 NAME OF  
FATHER

Horace S. Sawin

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Greenfield, Mass.

19 MAIDEN NAME

OF MOTHER

F. Lora A. Perry

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Rahway N. J.

21

Informant

(Address)

Mrs. Dorothy Reilly  
274 Bowdoin St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING.

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

ONS

IFICATE

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50M-5-57-920345

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)Boston  
6/30/58

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 121

No. Winthrop Community Health (If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])2 FULL NAME Mary Campbell (Famolare)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
so specify WAR)(a) Residence. No. 1064 Bennington St. East Boston  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 42 years months 1 days. In place of residence 42 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 26, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Nov 6, 1957, to June 26, 1958  
I last saw her alive on June 26, 1958, death is said to  
have occurred on the date stated above, at 9:30 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

June 26/58

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Peripheral Circulatory  
Collapse(b) Normal Delivery  
with Bilateral laceration of June 26/58(c) Cervix with severe  
Postpartum HemorrhageOTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis? Clinical findings5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Louis Eschaffo M.D.

(Address) 12 Berry Center Date June 26, 1958

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL June 30, 19587 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano  
ADDRESS 147 Winthrop St., Winthrop

Received and filed June 30, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED married10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Benjamin Campbell  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 42 Years 11 Months 29 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER Domenic Famolare

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Caroline Manuella

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Benjamin Campbell  
(Address) 1064 Bennington St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph S. Severini  
(Signature of Agent of Board of Health or other)H.O. June 29, 1958  
(Official Designation) (Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

(Usual place of abode)

25 Garden St

St.

Arlington, Mass

(If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

June 21, 1958, to June 24, 1958

I last saw him alive on June 21, 1958, death is said to

have occurred on the date stated above, at 2:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

ATELECTASIS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

days

Due To

(b)

PREMATURITY,

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dominic Thomas Slaff

M. D.

(Address)

21 Broad St. Date June 24, 1958

6 Holy Cross Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

June 25

1958

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

3 North Sq. Boston

Received and filed

JUN 26 1958

19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

125

[If death occurred in a hospital or institution,  
St. give its NAME instead of street and number]

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

St.

Arlington, Mass

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Winthrop

Mass

17 NAME OF

FATHER

Pasquale Giordano

P

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21

Informant

(Address)

Pasquale Giordano

25 Garden St Arlington

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Serizawa

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

6/25/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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## RULES OF PRACTICE

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 88 Main St



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

126

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME. Eana F. Leary (McCarthy)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No.

88 Main St

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. 45 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 30 1958.

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

6-4-58, 19 to June 30, 1958

I last saw him alive on June 27, 1958, death is said to

have occurred on the date stated above, at 5:30 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial heart  
disease

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J. O'Maley, M. D.

(Address) 104 Winthrop St. Date 7/1/58

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL July 2, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley

ADDRESS Winthrop Mass

Received and filed JUL 1 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female White

MARRIED  
WIDOWED  
or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Francis J. Leary

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 61

Years. Months. Days

If under 24 hours

Hours. Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business:

Printing

15 Social Security No.

16 BIRTHPLACE (City)

Shanghai

China

17 NAME OF  
FATHER

John McCarthy

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME

OF MOTHER Irene Ransom

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Kentucky

21

Informant

(Address)

John Leary

88 Main St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Lynam  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

J.B.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician, or officer, furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-303 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-303

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

COPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 127

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



No. Danvers State Hospital, Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herman Cootey (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 3 Bellevue Terrace, Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 8 years 9 months 9 days. In place of residence 8 years 9 months 9 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 23, 1958 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

General Arteriosclerosis  
Fracture of 7,8,9,10,11  
left ribs.

5 Accident, suicide, or homicide (specify) accident

Date and hour of injury October 23, 19 58

Where did injury occur? Danvers (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? Public Place (Specify type of place)

Manner of injury Unknown (How did injury occur?)

Nature of injury Fracture of ribs

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ralph L. Foss, M. D.

(Address) Peabody, Mass. Date 6/23, 19 58

7 Winthrop Cem., Winthrop (City or Town)

DATE OF BURIAL July 1, 1958 19

8 NAME OF FUNERAL DIRECTOR Kirby Funeral Home  
ADDRESS Revere, Mass.

Received and filed JUL 21 1958 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Widowed

11a If married, widowed, or divorced HUSBAND of Delia Wheatley (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years 9 Months 9 Days If under 24 hours Hours Minutes

14 Usual Occupation: Conductor-Retired (Kind of work done during most of working life)

15 Industry or Business: Unknown

16 Social Security No. Unknown

17 BIRTHPLACE (City) Unknown (State or country) Vermont

18 NAME OF FATHER Owen Cootey

19 BIRTHPLACE OF FATHER (City) Unknown (State or country) Ireland

20 MAIDEN NAME OF MOTHER Angelin Smith

21 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Vermont

22 Informant (Address) Mary E. Sheehan Hathorne, Mass.

A TRUE COPY.

ATTEST: Rosalind Toomey (Registrar of City or Town where death occurred)

DATE FILED July 7, 1958 19

25M-8-56-918227

RECEIVED

JUL 21 1954



RECEIVED



JUL 11 1958 AM

ENTERED 1945  
DISCHARGED Still on Active Duty  
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SERVICE NO. W2147863

CERTIFICATE

DEATH

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 30 Bellevue Ave.

2 FULL NAME. Howard J. Kenneally  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

30 Bellevue Ave

(a) Residence. No. St. (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. 50 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Oct. 11, 1957, to July 1, 1958  
I last saw him alive on July 1, 1958, death is said to  
have occurred on the date stated above, at 3:05 a.m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) SQUAMOUS CELL CARCINOMA  
RT. PAROTID WITH-

Due To (h) GENERAL METASTASIS

Due To (c)

OTHER SIGNIFICANT CONDITIONS NONE

Was autopsy performed? No  
What test confirmed diagnosis? PATHOLOGICAL5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify.

(Signed) Myron H. King M. D.

(Address) 222 PLEASANT ST. WINTHROP 7/1 1958

6 Holy Cross Malden, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 7, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop, Mass

Received and filed July 3, 1958

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 129

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years. Months. Days If under 24 hours  
Hours. Minutes13 Usual Occupation: Salesman  
(Kind of work done during most of working life)

14 Industry or Business: Chemical Supplies

15 Social Security No. 021-03-2715

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER John H. Kenneally

18 BIRTHPLACE OF FATHER (City) Cannot be learned  
(State or country)

19 MAIDEN NAME OF MOTHER Emma L. --

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass21 Informant. Beatrice Kenneally  
(Address) 30 Bellevue Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 7/5/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

01A

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50M-57-920345

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 130

PLACE OF DEATH

Suffolk

(County)

Winthrop, Mass.

(City or Town)



No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME Alice Farley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 66 Shore Drive

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 7 2 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 24, 1956, to July 2, 1958

I last saw her alive on July 2, 1958, death is said to

have occurred on the date stated above, at 3:20 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

2 days

Due To Cerebral Arteriosclerosis

(b)

2 yrs

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Dorothy Cherry Appleton, M. D.

(Address) 197 Woodside Ave Winthrop, Mass. Date 7/2, 1958

6 Place of Burial or Cremation Holy Cross Malden (City or Town)

DATE OF BURIAL July 5, 1958

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS Winthrop

Received and filed

JUL 7 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

F

9 COLOR

Wh

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 84 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry  
or Business:

Retired At home

15 Social Security No.

16 BIRTHPLACE (City)  
(State or country)Boston  
Mass17 NAME OF  
FATHER

John Farley

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Lreland

19 MAIDEN NAME

OF MOTHER

Bridget Brady

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Lreland

21

Informant  
(Address)Thomas J Farley  
291 Pleasant StI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Linnam

(Signature of Agent of Board of Health or other)

(Official Designation)

July 4, 1958  
(Date of issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. . . No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
STATE OF MASSACHUSETTS  
CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

Suffolk  
(County)  
Winthrop  
(City or Town)

No. Mayflower Nursing Home

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME Becky Baron (also known as Rebecca Baron)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, *no*  
if so specify WAR)(a) Residence. No. 26 Sturgis  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death — years 7 — months — days. In place of residence 10 years — months — days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 1 July 3 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
August 1, 1957, to July 3, 1958.  
I last saw her alive on July 2, 1958, death is said to  
have occurred on the date stated above, at 9:30 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

5 days

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho pneumonia

Due To  
(b)Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerosis (gen) 34 yrs.

Was autopsy performed? No  
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date July 3, 1958

6 Beth Israel of Cambridge Overl  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 4 1958

7 NAME OF FUNERAL DIRECTOR Fox Funeral Service Inc.

ADDRESS 21 Washington Ave. Chelsea

Received and filed JUL 9 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
~~MARRIED~~ ~~WIDOWED~~ ~~OR DIVORCED~~ Single10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years — Months — Days If under 24 hours  
Hours Minutes13 Usual Occupation: Dressmaker  
(Kind of work done during most of working life)

14 Industry or Business: Women's Clothing

15 Social Security No 029-24-4794

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Hershel Baron

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER (C. B. T.)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Louis Baron  
(Address) 20 War. Way Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
Ralph Liberman  
(Signature of Agent of Board of Health or other)

H.O. (Official Designation)

(Date of Issue of Permit) 7/3/58

V.A.L.

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 132

PLACE OF DEATH

SUFFOLK

(County)

Winthrop

(City or Town)



No. Winthrop Convalescent Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Helen A. Sliney (O'Neil)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No.

31 Villa Ave

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 40 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

July

3

(Month)

(Day)

1958

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept. 1953 to July 3, 1958

I last saw her alive on July 2, 1958, death is said to

have occurred on the date stated above, at 6:30 a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Breast.

2yrs

(b) Due To Carcinomatosis from 2yrs

Cancer of Breast.

(c) Due To

OTHER  
SIGNIFICANT  
CONDITIONS

Hypertension

5yrs.

Was autopsy performed?

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Charles Liberman M. D.

(Address) Winthrop, Mass Date 7/31 1958

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL July 5 1958

7 NAME OF

FUNERAL DIRECTOR Maxine W Kirby

ADDRESS Winthrop

Received and filed

JUL 7 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Charles P Sliney

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

At Home

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

None

16 BIRTHPLACE (City)

(State or country)

Boston

Mass

17 NAME OF  
FATHER

Michael O Neel

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Boston

19 MAIDEN NAME

OF MOTHER

Mary Mc Elroy

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

William E Sliney

83 Inghamside Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Liberman  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

VB

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL - 27 1950 AM



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50M-5-57-920345

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 133

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME Baby Roy Boudreau

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 14 Fremont  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 4, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19\_\_, to \_\_, 19\_\_I last saw h\_\_ alive on \_\_, 19\_\_, death is said to  
have occurred on the date stated above, at \_\_ m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) INTRAUTERINE  
ASPHYXIADue To ANENCEPHALUS  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Rattlebush, M. D.

(Address) 483 Beacon St Date 7-4-58

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 5, 1958

7 NAME OF FUNERAL DIRECTOR Maurice W. Kirby

ADDRESS Winthrop

Received and filed JUL 7 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation:  
(Kind of work done during most of working life)14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop  
(State or country) Mass.

17 NAME OF FATHER William F Boudreau

18 BIRTHPLACE OF FATHER (City) Arlington  
(State or country)

19 MAIDEN NAME OF MOTHER Louise Streeter

20 BIRTHPLACE OF MOTHER (City) Winthrop  
(State or country)21 Informant William F Boudreau  
(Address) 14 Fremont StI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

July 4, 1958  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 7 1958 AM



RECEIVED

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 131

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)

No. 22 Wheelock Street

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Ernest Pepper  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 22 Wheelock Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 9 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
July 8, 1958 to July 9, 1958  
I last saw him alive on July 8, 1958, death is said to  
have occurred on the date stated above, at 5:30 P.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) EPIDONARY OCCLUSION

Due To (b) ARTERIO SCLEROSIS

YEARS

Due To (c) RAIES IN LOWER  
LEFT LUNG. POSTERILY

OTHER  
SIGNIFICANT  
CONDITIONS

None

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify NO

(Signed) R. W. Dickinson, M. D.

(Address) Winthrop, Mass. Date 7.10.1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 12, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed JUL 11 1958

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 0 Months 17 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Printer  
(Kind of work done during most of working life)

14 Industry or Business: Commercial Printing Co.

15 Social Security No. 010-05-7255

16 BIRTHPLACE (City) Leicester  
(State or country) England

17 NAME OF FATHER Thomas Pepper

18 BIRTHPLACE OF FATHER (City)  
(State or country) England

19 MAIDEN NAME OF MOTHER Mary Taylor

20 BIRTHPLACE OF MOTHER (City)  
(State or country) England

21 Informant Mrs. Ada Tansley  
(Address) 22 Wheelock St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
H.O. July 11/ 58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

JUL 21 1958 AM



RECEIVED

**X**

1 PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

U.S. Naval Hospital

No.

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

298

135

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME **Baby Boy Millar**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. **37 Floyd**  
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months **1** days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **July 16, 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19

I last saw h. alive on 19, death is said to

have occurred on the date stated above, at **10:05A.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Anoxia.**

Due To **Abruptio placenta**  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

no

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **H.R. Houston, Lt. MC USN** M. D.  
**USNH, Chelsea, Mass. 7/17/58**  
(Address) **Winthrop Cem., Winthrop, Mass.**

6 Place of Burial or Cremation **July 19, 1958** (Town)

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR **J.F.O. Maley**  
**Winthrop, Mass.**

ADDRESS

Received and filed **MUG 11 1958** 19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED **Single**

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here **stillborn**

12 AGE Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation:  
(Kind of work done during most of working life)

14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) **Chelsea, Mass.**  
(State or country)

17 NAME OF FATHER **Wesley (Dec.)**

18 BIRTHPLACE OF FATHER (City) **Chelsea, Mass.**  
(State or country)

19 MAIDEN NAME OF MOTHER **Louise Lundburg**

20 BIRTHPLACE OF MOTHER (City) **Winthrop, Mass.**  
(State or country)

21 **L. Millar (mother)**  
Informant (Address) **Winthrop, Mass.**

A TRUE COPY

ATTEST: **Joseph A. Tyrrell**  
(Registrar of City or Town where death occurred)

DATE FILED **July 17, 1958** 19



AUG 11 1958 AM

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DEATH

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50M-5-57-920345

PLACE OF DEATH

Suffolk County  
Winthrop Boston 8-7-58  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 136

No. Winthrop Corn. Hts 6 St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

2 FULL NAME HERMAN TITUS  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 120 London St. St. E Boston MASS  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 15 days. In place of residence 20 years 0 months 0 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 26 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from July 11, 1958 to July 26, 1958  
I last saw him alive on July 26, 1958, death is said to have occurred on the date stated above, at 2:40 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Congestive Cardiac Failure 1 Day

Due To (b) Arteriosclerotic Heart Disease 1 year

Due To (c) Arteriosclerosis 5 years

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Phys EXAM5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) John F. Gelineau, M.D.  
(Address) Revere Mass Date 26 July 19586 Landaff Cemetery Littleton, N.H.  
Place of Burial or Cremation or Town)

DATE OF BURIAL July 29, 1958

7 NAME OF FUNERAL DIRECTOR Shuck Kelly  
ADDRESS 206 1/2 Meridian St Boston

Received and filed JUL 28 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. -

12 AGE 73 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: yard Master  
(Kind of work done during most of working life)

14 Industry or Business: B. &amp; A. RR. E. Boston

15 Social Security No. 714-10-6561

16 BIRTHPLACE (City) Lakeport N. H.  
(State or country)

17 NAME OF FATHER Fred Titus

18 BIRTHPLACE OF FATHER (City) Littleton N. H.  
(State or country)

19 MAIDEN NAME OF MOTHER Era A. Wheelock

20 BIRTHPLACE OF MOTHER (City) Littleton N. H.  
(State or country)21 Informant Helen J. Lane  
(Address) 118 Barber Ave, E. B

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) July 28 - 1958

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

01A

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504-57-920345

PLACE OF DEATH

1

Suffolk  
(County)Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 137

No. 68 Beacon

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME Annie L. (Kelly) Graham  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence, No. 68 Beacon  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 4 years months days. In place of residence 4 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 7 28 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19, to , 19,I last saw h alive on , 19, death is said to  
have occurred on the date stated above, at m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Due to natural

(b) Due to causes, presumably  
acute myocardial  
(c) occlusion.

Winthrop Board of Health.

OTHER  
SIGNIFICANT  
CONDITIONS Charles Liberman, MD

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) , M. D.

(Address) Date 7/28 1958

6 St. Marys Cemetery Lawrence  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 8-2-58 19

7 NAME OF FUNERAL DIRECTOR E. E. Burns & Son  
ADDRESS 254 Main St. Malden

Received and filed AUG 1 1958 19

John A. Parker Registrar

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Fred A. Graham  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: at home  
(Kind of work done during most of working life)14 Industry  
or Business:

15 Social Security No. none

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER James Kelly

18 BIRTHPLACE OF FATHER (City) New Bedford  
(State or country) Mass

19 MAIDEN NAME OF MOTHER Annie Mullen

20 BIRTHPLACE OF MOTHER (City) Maine  
(State or country)21 Informant Mrs. Henry Monahan  
(Address) 68 Beacon St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 8/1/58  
(Official Designation) (Date of Issue of Permit)

X

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X  
PLACE OF DEATH

Soffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 138

No. 122 Grand View Ave.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Charles F West

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 122 Grand View Ave  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 8 years.....months.....days. In place of residence 8 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 28, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
June 21, 1958, to July 28, 1958.I last saw in alive on July 27, 1958 death is said to  
have occurred on the date stated above, at 5 p. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized Carcinomatosis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

9 mos.

3 yrs.

9 mos.

Due To Epidermoid carcinoma of the  
(h) scalpDue To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Clinical &amp; Laboratory

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify.

(Signed) Dr. Trautman Jr., M. D.

73 Bartlett Rd.

(Address) Winthrop 52, Mass. Date July 29, 1958

6 Winthrop Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 31, 1958

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano

ADDRESS 147 Winthrop St., Winthrop

Received and filed. JUL 30 1958

John A. Spok  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed or divorced HUSBAND of Eileen Halligan  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years.....Months.....Days If under 24 hours  
Hours.....Minutes13 Usual Occupation: Social Worker  
(Kind of work done during most of working life)

14 Industry or Business: Welfare Department

15 Social Security No. 012-22-8253

16 BIRTHPLACE (City) Boston, Mass.  
(State or country)

17 NAME OF FATHER George West

18 BIRTHPLACE OF FATHER (City) Boston,  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Josephine O'Neil

20 BIRTHPLACE OF MOTHER (City) Boston,  
(State or country) Mass.21 Informant Mrs. Eileen West  
(Address) 122 Grandview Ave., WinthpI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Health Officer 7/30/58  
(Official Designation) (Date of Issue of Permit)

X

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given, and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

North Reading

(City or Town making this return)

## COPY OF CERTIFICATE OF DEATH

Registered No. 29 139

PLACE OF DEATH

Middlesex

(County)

North Reading

(City or Town)

No. 148 Park St.,

{ (If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME Charles Fagone  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{ (Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

(a) Residence. No. 4 Upland Rd.,  
(Usual place of abode)

St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence 16 years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 30 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to....., 19.....

I last saw h.....alive on ....., 19....., death is said to

have occurred on the date stated above, at .....m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Heart Disease  
presumably coronary Sclerosis

Due To Sudden death  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify. Had attack at work

(Signed) Thomas P. Devlin, M. D.

(Address) Stoneham, Mass. Date 7/30 1958

6 Holy Cross Cemetery Malden, Mass.  
Place of Burial or Crenation (City or Town)

DATE OF BURIAL August 4, 1958

7 NAME OF FUNERAL DIRECTOR Anthony P. Rapino  
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed. AUG 7 1958 19

(Registrar of City or Town where deceased resided)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of Angelina Scaperotti  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Foreman  
(Kind of work done during most of working life)

14 Industry or Business: Reading Construction Co.,

15 Social Security No. Unknown

16 BIRTHPLACE (City) Boston, Mass.  
(State or country)

17 NAME OF FATHER Santo Fagone

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Antonetta Fortunato

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)

21 Informant Angelina Fagone (Wife)  
(Address) 4 Upland Rd., Winthrop, Mass.

A TRUE COPY Ruth M. Sullivan  
ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 31, 1958

RECEIVED



AUG - 6 1958 PM

INSTRUCTIONS  
FOR  
LOCAL CERTIFICATE

In giving  
OF DEATH

to not enter  
more than one  
use for each  
(a), (b) and (c)

is does not mean  
mode of dying,  
as heart failure,  
etc. It means  
cause, or compli-  
which caused


itions, if any,  
h gave rise to  
e cause (a),  
ng the under-  
cause last.

nditions contrib-  
ta death but not  
to the terminal  
condition given

e: Chapter 137,  
of 1954, requires  
clans to print or  
the cause or  
s of death on  
certificates.

DOM-57-920345

AUG 22 1958

PLACE OF DEATH 1	Suffolk (County)			EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		OUT OF TOWN To be filed for burial permit with Board of Health or its Agent.	
	Boston (City or Town)			STANDARD CERTIFICATE OF DEATH		Registered No. 03370	
No. New England Center Hospital				{(If death occurred in a hospital or institution, St. give its NAME instead of street and number)			
2 FULL NAME Daniel T. Felch (If deceased is a married, widowed or divorced woman, give also maiden name.)				{ PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, no if so specify WAR)			
(a) Residence. No. 69 Bayview Ave., Winthrop, Mass. St. _____ (Usual place of abode)				(If nonresident, give city or town and State)			
Length of stay: In place of death _____ years _____ months 21 days. In place of residence 42 years _____ months _____ days.							
MEDICAL CERTIFICATE OF DEATH				PERSONAL AND STATISTICAL PARTICULARS			
3 DATE OF DEATH March 28 1958 (Month) (Day) (Year)				8 SEX male		9 COLOR white	
4 I HEREBY CERTIFY. That I attended deceased from March 4, 1958, to March 28, 1958 I last saw him alive on March 28, 1958, death is said to have occurred on the date stated above, at 6:00 a. m.				10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED married		10a If married, widowed, or divorced HUSBAND of Lillian Isobel Shattuck (Give maiden name of wife in full)	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATO-RENAL FAILURE				INTERVAL BETWEEN ONSET AND DEATH 2 weeks		(or) WIFE of _____ (Husband's name in full)	
Due To (b) DIFFUSE CARCINOMATOSIS 3 mon.				11 IF STILLBORN, enter that fact here.		12 AGE 80 Years 2 Months 27 Days If under 24 hours Hours Minutes	
Due To (c) _____				13 Usual Occupation: retired meat salesman (Kind of work done during most of working life)		14 Industry or Business: retail	
OTHER SIGNIFICANT CONDITIONS				15 Social Security No. 023-07-0159		16 BIRTHPLACE (City) Hyde Park (State or country) Mass.	
Was autopsy performed? YES				17 NAME OF FATHER George Washington Hancock		18 BIRTHPLACE OF FATHER (City) Passumpsic (State or country) Vermont	
What test confirmed diagnosis? AUTOPSY 2 TIME BAY.				19 MAIDEN NAME OF MOTHER Sarah Kennedy		20 BIRTHPLACE OF MOTHER (City) Holbrook (State or country) Mass.	
5 Was disease or injury in any way related to occupation of deceased NO If so, specify				21 Informant Mrs. Daniel T. Felch (Address) 69 Bay View Ave., Winthrop		I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Eugene H. Connel H 21787 (Signature of Agent of Board of Health or other)	
(Signed) Herbert A. Heasler, M. D. (Address) 171 Harrison Ave Date 3/28 1958				Received (and filed) APR - 7 1958 Charles H. Mackie (Registrar)		(Official Designation) (Date of Issue of Permit) March 30 1958	
6 Winthrop Cemetery Winthrop Place of Burial or Cremation (City or Town) DATE OF BURIAL March 31, 1958							
7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh ADDRESS 174 Winthrop St. Winthrop							

111V

A TRUE COPY ATTEST:  
*Charles H. Mackie*  
City Registrar

AUG 22 1953 AM

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which caused4-50  
as, if any,  
ave rise to  
cause (a),  
the under-  
cause lastyions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
to print or  
to cause or  
death on  
ificates.

BOM-5-37-920343

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

141

03500

Registered No.

No. Long Island Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Dennis Buckley

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, ?  
if so specify WAR)(a) Residence. No. Little Sisters of the Poor  
(Usual place of abode) Dudley St., Roxbury

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 12 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 2, 1958

(Month) (Day) WE (Year)

4 I HEREBY CERTIFY, That attended deceased from  
March 21, 1958, to April 2, 1958X last saw him alive on April 2, 1958, death is said to  
have occurred on the date stated above, at 9:30 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Lung, Left

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
weeks

Due To Bronchopneumonia

(b) &amp; Pulmonary Emphysema

days

Due To Generalized Arteriosclerosis

(c) years

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Francisco Reis, M. D.

(Address) Long Island Hospital, Date 4-3 1958

6 Joseph Boston  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 5 1958

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby

ADDRESS 210 Winthrop St Winthrop

Received and filed APR - 8 1958 19

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

W

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED widowed

10a If married, widowed, or divorced  
HUSBAND of Margaret Lehan

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 82 Years 1 Months 14 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Railroad Worker

(Kind of work done during most of working life)

14 Industry

or Business:

?

15 Social Security No.

?

16 BIRTHPLACE (City)

(State or country)

Ireland

17 NAME OF

FATHER

Jeremiah Buckley

18 BIRTHPLACE OF

FATHER (City)

Ireland

(State or country)

19 MAIDEN NAME

OF MOTHER

Ellen Lucey

20 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

21

Informant

(Address)

Long Island Hospital, Boston 69

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

J. Mackie

(Signature of Agent of Board of Health or other)

7063

(Official Designation)

4-3 IV

(Date of Issue of Permit)

A TRUE COPY ATTEST:  
*Charles H. Mackie*  
City Registrar

AUG 25 1888

PLACE OF DEATH

Suffolk  
(County)  
Boston  
(City or Town)

No. Phillips House, Mass. Gen. Hosp.

2 FULL NAME (Dr.) Harvey Kelly  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 200 Pleasant St., Winthrop, Mass.  
(Usual place of abode)

Length of stay: In place of death years months 23 days. In place of residence 47 years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH April 8, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
March 17, 1958 to April 8, 1958  
I first saw him alive on April 8, 1958, death is said to

have occurred on the date stated above, at 3:05 pm  
DISEASE OR CONDITION  
DIRECTLY LEADING  
TO DEATH (a) Pulmonary Congestion  
+ EDEMA

ANTE Due To Myocardial Infarct,  
CEDENT (b) RECENT  
CAUSES

Due To Coronary Thrombosis  
(c)

OTHER SIGNIFICANT  
CONDITIONS Coronary Artery Disease

Major findings:  
Of operations

Date of operation Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) Dir. Mass. Gen. Hosp. Date 4-8-58 M. D.

6 Mt. Auburn Cemetery, Cambridge  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL April 12th 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed

APR 16 1958  
(Registrar)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 13215

{(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WW 1 & 2

Winthrop, Mass.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced  
HUSBAND of Ellen A. Sweeney  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 6 Months 19 Days  
If under 24 hours  
Hours Minutes

13 Usual Occupation: Physician  
(Kind of work done during most of working life)

14 Industry or Business: General Practitioner

15 Social Security No. 014-30-7506-A

16 BIRTHPLACE (City) East Boston  
(State or country) Mass.

17 NAME OF FATHER John B. Kelly

18 BIRTHPLACE OF FATHER (City) East Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Elizabeth Little

20 BIRTHPLACE OF MOTHER (City) CBL  
(State or country)

21 Informant Mrs. Ellen A. Kelly-wife  
(Address) 200 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
D. J. M. Kelly  
(Official Designation) (Date of Issue of Permit) April 10 1958

A TRUE COPY ATTEST.

*Charles H. Mackie*

City Registrar

AUG 27 1953 PM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSCOPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

Danvers

(City or town making return)

Registered No. 143

PLACE OF DEATH

Essex (County)

Danvers (City or Town)



No. Danvers State Hospital, Hathorne, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Evelyn L. Green (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 19 Emerson Rd., Winthrop, Mass. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 3.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1, 1958 (Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Probably coronary thrombosis  
sudden death

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did injury occur?..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place?..... (Specify type of place)

Manner of injury..... (How did injury occur?)

Nature of injury.....

While at work? no Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Ralph E. Rose, M. D.

(Address) Peabody, Mass. Date 7/1/58

7 St. Joseph's Cemetery, W. Roxbury (City or Town)  
Place of Burial, or Cremation.

DATE OF BURIAL July 3, 1958 19.....

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS East Boston, Mass.

Received and filed AUG 1 1958 19.....

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

11a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 80 Years Months Days If under 24 hours Hours Minutes

14 Usual Occupation: Nurse--Retired (Kind of work done during most of working life)

15 Industry or Business: Unknown

16 Social Security No. Unknown

17 BIRTHPLACE (City) Unknown (State or country)

18 NAME OF FATHER John Green

19 BIRTHPLACE OF FATHER (City) Unknown (State or country) N.S., Canada

20 MAIDEN NAME OF MOTHER Unknown

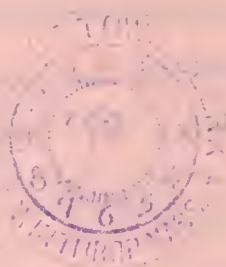
21 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Unknown

22 Informant (Address) Mary E. Sheehan 143 Mass.

A TRUE COPY.

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED July 7 1958



AUG 1 8 1958 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (i. l.).

R-302

C. 4  
St. Ave.

25M-6-56-918227

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Revere  
(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 141

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

No. Grover Manor Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME. Mabel Torrey (Byrne)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 104 Highland Ave.

(Usual place of residence)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death. 16 years. 16 months. 16 days. In place of residence. 40 years. 40 months. 40 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 18, 1958

4 I HEREBY CERTIFY, That I attended deceased from July 2, 1958, to July 18, 1958. I last saw her alive on July 18, 1958, death is said to have occurred on the date stated above, at 12:45P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Uremia 48hrs.

Due To (b) Coronary Heart disease Atrial Fibrillation 5yrs.

Due To (c) Cerebral vascular accident 18days

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James F. Burns, M. D. M. D.  
(Address) 537 Broadway Everett Date 7/18 1958  
Pine Grove Cemetery, Brunswick, Me.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 23, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St., Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Harry Austin Torrey (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.  
12 AGE 86 Year 2 Months 3 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City) Boston (State or country) Massachusetts

17 NAME OF FATHER Samuel James Byrne

18 BIRTHPLACE OF FATHER (City) Jamaica (State or country) West Indies


19 MAIDEN NAME OF MOTHER Anna Adelaide Adams

20 BIRTHPLACE OF MOTHER (City) U. S. A. (State or country)

21 Informant Arthur Torrey (Address) 14 Cliff Ave., Winthrop

A TRUE COPY ATTEST (Registrar of City or Town where death occurred)

DATE FILED July 24, 1958



AUG 18 1950 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, (i. l.).

R-302

1

PLACE OF DEATH

Barnstable  
(County)  
Barnstable  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Barnstable  
(City or Town making this return)  
145  
194  
Registered No.

COPY OF  
CERTIFICATE OF DEATH

No. (Hyannis) Cape Cod Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred William Moore  
(If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 46 Beach Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death. 13 hrs. In place of residence. 65 years 7 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 20 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 20 1958 to July 20 1958  
I last saw him alive on July 20 1958, death is said to have occurred on the date stated above, at 7:10p m.

INTERVAL BETWEEN ONSET AND DEATH  
1 da.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) Myocardial infarction

Due To Arteriosclerotic heart disease 10 yrs.  
(b)

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS

No  
Was autopsy performed? Ekg.  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Robert S. Thrope M. D.  
(Address) Hyannis, Mass. Date 7-20-1958

6 Winthrop Cem. Winthrop, Mass.  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL July 24 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed Aug 31 1958

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed or divorced HUSBAND of Emma Raymond Moore  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 7 Months 15 Days If under 24 hours Hours Minutes

13 Usual Occupation Supervisor  
(Kind of work done during most of working life)

14 Industry or Business Maintenance

15 Social Security No. 013-26-4243

16 BIRTHPLACE (City) Winthrop, Mass.  
(State or country)

17 NAME OF FATHER Eli Moore

18 BIRTHPLACE OF FATHER (City) Newfoundland  
(State or country)

19 MAIDEN NAME OF MOTHER Cassie Morrow

20 BIRTHPLACE OF MOTHER (City) Prince Edward Island  
(State or country)

21 Informant Emma Moore  
(Address) 46 Beach R d., Winthrop, Mass

A TRUE COPY  
ATTEST: Howard W. Sears  
(Registrar of City or Town where death occurred)

DATE FILED July 21 1958

K.B.V

25M-8-56-910227



AUG 27 1958 AM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSChelsea  
(City or Town making this return)

146

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 347

No. Soldiers' Home Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Bernard MacKenna

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran if so specify WAR) SW

(a) Residence. No. 249 Washington Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death - years 1 months 11 days. In place of residence - 5 years - months - days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug. 4, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from 6/23/58 to 8/4/58

I last saw him alive on 8/4/58, 1958, death is said to

have occurred on the date stated above, at 11 p. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Gastro-intestinal hemorrhage 5 das.

Due To Gastric ulcer

(b) 5 das.

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

yes

Was autopsy performed? gross exam.  
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) Norman Atkin

Soldiers' Home 8/5/58 M. D.

(Address) Winthrop Cem., Winthrop, Mass.

6 Place of Burial or Cremation Aug. 7, 1958 (City or Town)

DATE OF BURIAL Fenton H. Norris

7 NAME OF FUNERAL DIRECTOR 1 Pinewood Ave., Winchester, Mass.

ADDRESS

Received and filed SEP 1 1958

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed or divorced HUSBAND of Annie Mills

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years 7 Months 23 Days

If under 24 hours Hours Minutes

13 Usual

Occupation:

Postal Clerk-Retired

(Kind of work done during most of working life)

14 Industry

or Business:

U.S. Post Office

15 Social Security No.

none

16 BIRTHPLACE (City) Nova Scotia

(State or country)

17 NAME OF

FATHER

John B.

18 BIRTHPLACE OF

FATHER (City)

Nova Scotia

(State or country)

19 MAIDEN NAME

OF MOTHER

Mary Lewis

20 BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

21

Informant

(Address)

Hospital Records

91 Crest Ave., Chelsea

TRUE COPY

ATTEST:

Joseph A. Tyrrell  
(Registrar of City or Town where death occurred)

DATE FILED

Aug. 5, 1958

19

RECEIVED



SEP - 4 1953 AM

ENTERED      Nov. 4, 1901  
DISCHARGED    Nov. 3, 1904  
RANK          Private  
OUTFIT        Co. D 28th Regt. of Inf.  
SERVICE NO.    ---

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD

CERTIFICATE OF DEATH

Registered No. 147

In automobile on Buchanan St.

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles A Hagman

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, W W 1  
if so specify WAR)

(a) Residence. No. 48 Birch Rd.  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 10 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
1946, to August 1958.  
I last saw him alive on 3 August 1958, death is said to  
have occurred on the date stated above, at 10:20 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Presumably Coronary  
(b) Occlusion

Sudden

Due To Arteriosclerotic Heart  
(c) Disease 10 years

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Robert C. Murray, M. D.  
Winthrop Board of Health Date 11 Aug 1958

6 Woodlawn Crematory Everett  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL Aug. 12 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Thynwall  
ADDRESS Winthrop, Mass.

Received and filed AUG 11 1958 19

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED Married  
or DIVORCED

10a If married, widowed or divorced  
HUSBAND of Dawn Gleason  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 years 6 Months 12 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Clerk (Retired)  
(Kind of work done during most of working life)

14 Industry or Business: Board of Selectmen

15 Social Security No. 034-14-4195

16 BIRTHPLACE (City) East Boston  
(State or country) Mass.

17 NAME OF FATHER Erick Hagman

18 BIRTHPLACE OF FATHER (City) --  
(State or country) Sweden

19 MAIDEN NAME OF MOTHER Emily A. Fagerstedt

20 BIRTHPLACE OF MOTHER (City) --  
(State or country) Sweden

21 Informant Dawn Hagman  
(Address) Birch Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
Robert C. Murray (Signature of Agent of Board of Health or other)  
Kathleen (Official Designation) 8/11/58 (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE	Nov. 27, 1917
DATE OF DISCHARGE	April 28, 1919
RANK, RATING.	2nd Lieut.
ORGANIZATION AND OUTFIT	101st U S Inf.
SERVICE NUMBER	None

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. **148**

Suffolk

(County)

Winthrop

(City or Town)



No. **49 Nahant Avenue**

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}

2 FULL NAME **Walter Douglas Thompson**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN — IMPORTANT**  
(Was deceased a  
U. S. War Veteran, **No**  
if so specify WAR)

(a) Residence. No. **49 Nahant Avenue** St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death **26** years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **August 10 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**June, 1952**, to **10 Aug**, 1958.  
I last saw him alive on **8 Aug, 1958**, death is said to  
have occurred on the date stated above, at **2 P. m.**

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
**Sudden**

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary Occlusion**

Due To **Arteriosclerotic Heart Disease** **10 yrs**  
(b)

Due To \_\_\_\_\_  
(c)

OTHER SIGNIFICANT CONDITIONS **Carcinoma of Stomach 2 yrs**

Was autopsy performed? **no**

What test confirmed diagnosis? **clinical; x-ray**

5 Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify \_\_\_\_\_

(Signed) **Arthur C. Murray**, M. D.  
(Address) **Winthrop Mass** Date **11 Aug** 1958

6 **Woodlawn Cem.** **Everett, Mass**  
Place of Burial or Cremation

DATE OF BURIAL **August 13** 1958

7 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**

ADDRESS **147 Winthrop St. Winthrop**

Received and filed **AUG 13 1958** 19

**John A. Gaskin**  
(Signature)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
or **DIVORCED** **Single**

10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **74** Years **10** Months **27** Days  
If under 24 hours \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

13 Usual Occupation: **Police Officer (Boston)**  
(Kind of work done during most of working life)

14 Industry or Business: **Boston Police Dept.**

15 Social Security No. **None**

16 BIRTHPLACE (City) **St. John New Brunswick**  
(State or country)

17 NAME OF FATHER **Alfred William Thompson**

18 BIRTHPLACE OF FATHER (City) **St. John, New Brunswick**  
(State or country)

19 MAIDEN NAME OF MOTHER **Helen E. McCarthy**

20 BIRTHPLACE OF MOTHER (City) **Ireland**  
(State or country)

21 Informant **Mrs. Helen Black**  
(Address) **53-A Nahant Avenue Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) **8/12/58**

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L. (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 149

No. 35 Summit Avenue

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Charlotte Beatrice (Westly) Wrightson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

(a) Residence. No. 35 Summit Avenue

(Usual place of abode)

St. Winthrop Mass

(If nonresident, give city or town and State)

Length of stay: In place of death 15 years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 12 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
August 1955, to August 12, 1958  
I last saw her alive on August 11, 1958, death is said to  
have occurred on the date stated above, at 1:00 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 1/2 yrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arterio Sclerotic Heart  
DiseaseDue To  
(b)Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Cardiac Decompensation 6 months

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass Date 8/12/1958

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 15 1958 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop

Received and filed August 13, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Arthur Frederick Wrightson  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 87 Years 8 Months 23 Days

If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. 031280945 B

16 BIRTHPLACE (City) Exning, England  
(State or country)

17 NAME OF FATHER Charles M. Westly

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Hester C. Bland

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)21 Informant Arthur F. Wrightson  
(Address) 35 Summit Ave. Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Freeman  
(Signature of Agent of Board of Health or other)Health Officer  
(Official Designation)8/13/58  
(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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A physician or officer furnishing a certificate of death as required by the preceding section or by section five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can ascertain, and for neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections nine, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between January fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and sixteen, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



## STANDARD CERTIFICATE OF DEATH

Registered No. 150

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Vivian Loretta (Fowler) Peterson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 86 Sargent Street

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months 4 days. In place of residence 3 years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 13 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Aug 8 1958 to Aug 13 1958  
I last saw her alive on Aug 13 1958 death is said to  
have occurred on the date stated above, at 5:00 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) acute left ventricular  
infarction

Due To (b) Myocardial Infarction

(c) Hypertension

OTHER  
SIGNIFICANT  
CONDITIONS Diabetes Mellitus

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) People's Garage, M. D.

(Address) 147 Winthrop St. Date 19 58

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town) Mass

DATE OF BURIAL August 16, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 147 Winthrop St. Winthrop

Received and filed August 15, 1958

John A. Clark

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED married  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William Adolf Peterson  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 11 Months 23 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Homemaker  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) East Boston, Mass.  
(State or country)

17 NAME OF FATHER Daniel Fowler

18 BIRTHPLACE OF FATHER (City) St. John, New Brunswick  
(State or country) Canada

19 MAIDEN NAME Annie Layte  
OF MOTHER Paridice, Nova Scotia

20 BIRTHPLACE OF MOTHER (City) Paridice Nova Scotia  
(State or country) Canada

Informant Mr. William A. Peterson  
(Address) 86 Sargent St. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Walter C. Peterson  
(Signature of Agent of Board of Health or other)

Heather Oliver 8/15/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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100M-11-55-916149

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 151

PLACE OF DEATH

SUFFOLK  
(County)WINTHROP  
(City or Town)

No. 53 PEBBLE AVE

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME THOMAS D GUGLIOTTI

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 53 PEBBLE AVE

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 35 years months days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 14 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19 to 19I last saw him alive on death is said to  
have occurred on the date stated above, at 3:30 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

INTERVAL  
BETWEEN  
ONSET AND  
DEATHDue To Presumably Coronary  
(b) Occlusion suddenDue To Arteriosclerotic Heart  
(c) Disease 10 yrsOTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) Murray M. D.  
Winthrop Board of Health Date 15 Aug 19586 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 14 1958

7 NAME OF FUNERAL DIRECTOR Maurice W Ruby

ADDRESS 216 WINTHROP ST WINTHROP

Received and filed August 18, 1958

John A. Clark

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MALE WHITE MARRIED  
WIDOWED or DIVORCED SINGLE10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 22 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: CARPENTER  
(Kind of work done during most of working life)

14 Industry or Business: BUILDING TRADES

15 Social Security No. NONE

16 BIRTHPLACE (City) ITALY  
(State or country)

17 NAME OF FATHER NICCOLA GUGLIOTTI

18 BIRTHPLACE OF FATHER (City) ITALY  
(State or country)

19 MAIDEN NAME OF MOTHER PHILOMENA GURRERA

20 BIRTHPLACE OF MOTHER (City) ITALY  
(State or country)21 Informant FRANCIS P NEVILLE  
(Address) 53 PEBBLE AVE WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:John A. Clark  
(Signature of Agent of Board of Health or other)Health Officer 8/10/58  
(Official Designation) (Date of Issue of Permit)

v.b.

**EXTRACTS**  
FROM THE LAWS OF  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-  
teen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or Its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 152

Suffolk  
(County)Winthrop  
(City or Town)No. Winthrop Community Hospital St. (If death occurred in a hospital or institution,  
{give its NAME instead of street and number)2 FULL NAME Adelaide Larkin (Mulloy)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
{PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 97 Woodside Ave. St. Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 4 1/2 hrs. In place of residence 55 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 15 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
August, 19 53 to August 15, 19 58  
I last saw him live on Aug. 14, 19 58, death is said to  
have occurred on the date stated above, at 12:10 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 1/2 hrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial  
Insufficiency(b) Due To Mitral and Aortic  
Heart Disease

5 yrs

(c) Due To Hypertension and  
Arteriosclerosis

10 yrs

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased No  
If so, specify

(Signed) Dorothy Cheney Appleton, M. D.

(Address) 1974 Woodside Ave Date 8/15 19 58

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 18, 19 58

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop Mass

Received and filed August 18, 19 58

John A. Clark  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)(or) WIFE of William F. Larkin  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 77  
Age Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 021-20-3682

16 BIRTHPLACE (City) East Boston  
(State or country) Mass

17 NAME OF FATHER William A. Mulloy

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Adelaide Crandall

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass21 Informant Marion M. Monti  
(Address) 80 Ingleside Ave WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
Gale C. Llewellyn  
(Signature of Agent of Board of Health or other)  
(Official Designation) (Date of Issue of Permit) 8/18/58

L.B.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-11-56-918978

## The Commonwealth of Massachusetts

Suffolk

(County)

Winthrop

(City or Town)

46 Jefferson Street

No.

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 153

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}2 FULL NAME Harold G. Crowell  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) 16(a) Residence. No. 46 Jefferson St.  
(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 10 years 10 months 10 days. In place of residence 10 years 10 months 10 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 17 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_I last saw h— alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at 10:00 A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural CausesDue To Presumably Coronary Occlusion Sudden  
(b)Due To Arteriosclerotic Heart Disease 3 yrs  
(c)OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_(Signed) Arthur C. Mowrey M. D.Winthrop Board of Health Date 18 Aug 1958  
Winthrop (City or Town)6 Place of Burial or Cremation Winthrop  
DATE OF BURIAL Aug. 20 19587 NAME OF FUNERAL DIRECTOR Edward J. FarnsworthADDRESS 16 Winthrop St.Received and filed John A. Clark 19\_\_\_\_  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Louisa Thomas  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 54 6 9  
AGE Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Sheet Metal Worker  
(Kind of work done during most of working life)14 Industry or Business: Building Construction15 Social Security No. 024-01-266916 BIRTHPLACE (City) Port Clyde  
(State or country) Nova Scotia17 NAME OF FATHER Lenard Crowell18 BIRTHPLACE OF FATHER (City) Port Clyde  
(State or country) Nova Scotia19 MAIDEN NAME OF MOTHER Mabel Greenwood20 BIRTHPLACE OF MOTHER (City) Port Clyde  
(State or country) Nova Scotia21 Informant Louisa Crowell  
(Address) 46 Jefferson St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:John A. Clark  
(Signature of Agent of Board of Health or other)Charles L. Moore 8/17/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

ONS

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 151

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Channing Howard

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

NO.

(a) Residence. No. 31 Lowell Road

St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 70 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 18 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
December 1957 to Aug 18 1958  
I last saw him alive on Aug 18 1958, death is said to  
have occurred on the date stated above, at 5:10 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia (terminal)

Due To (b) Hypertension

Due To (c) Atherosclerosis

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Edwin M. Howard, M. D.

(Address) 148 Park Street, Boston, Mass. Date 8/22/58

6 Winthrop Cemetery Winthrop Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 21 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

August 21 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

male

white

MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Gertrude Maria Creech  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 91 Years 6 Months 2 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: consulting engineer

(Kind of work done during most of working life)

14 Industry

or Business: professional engineering

15 Social Security No. 918-16-3811

16 BIRTHPLACE (City)  
(State or country)Eastham  
Mass.17 NAME OF  
FATHER

Edwin Dwelly Howard

18 BIRTHPLACE OF

FATHER (City)

Eastham

(State or country)

Mass.

19 MAIDEN NAME

OF MOTHER Sarah Ann Hunt

20 BIRTHPLACE OF

MOTHER (City)

Norton

(State or country)

Mass.

21

Informant Edwin M. Howard

(Address) 68 Lowell Rd. Wellesley Hills

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 8/22/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held; or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

# WHITMAN & HOWARD, INC.

EST. 1869 • INC. 1924

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ENGINEERS

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CHANNING HOWARD  
PAUL F. HOWARD  
C. ROGER PEARSON  
EDWIN M. HOWARD  
C. R. WICKERSON  
L. M. PITTENDREIGH

*89 Broad Street, Room 514 Boston 10, Massachusetts*

HAncock 6-1633

September 10, 1958

Mr. Alfred B. Marsh  
174 Winthrop St.  
Winthrop 52, Mass.

Dear Mr. Marsh:

Thank you for getting the copies of my father's death certificate, but I note that you did not get the Town Clerk to change Item 10, place of birth, or Item 14, Birthplace of father, which is registered as Eastham and should be Easton.

Will you please have the records changed and get me three more copies. Thank you in advance for your trouble.

Yours very truly,

*Edwin M. Howard*



SEP 11 1958 AM

X

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD  
CERTIFICATE OF DEATH

Registered No. 155

No. 30 Coral Ave.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Harry Kummins

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

(a) Residence. No. 30 Coral Ave.

(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 18 years months days. In place of residence 18 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 21 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Oct. 11 1957 to Aug. 21, 1958  
I last saw him alive on Aug. 20, 1958, death is said to  
have occurred on the date stated above, at 11 AM m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 day

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Broncho Pneumonia (Terminal)

Due To Carcinoma of Lung

(b)

9 mos.

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Operation

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) *James E. Grogan*, M. D.  
194 Wash. Ave.  
(Address) Winthrop Date 8/22 1958

Tifereth Israel of Winthrop Everett  
(City or Town)

DATE OF BURIAL August 22 1958

7 NAME OF FUNERAL DIRECTOR Paul R. Levine  
ADDRESS 470 Harvard St., Brookline

Received and filed August 25, 1958

*John A. Clark*  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX  
Male9 COLOR  
White10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Rose Skolnick  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years Months Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Salesman  
(Kind of work done during most of working life)

14 Industry or Business: Shoes

15 Social Security No.

16 BIRTHPLACE (City) Boston  
(State or country)

17 NAME OF FATHER Simon Kummins

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Fannie Sherman

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Mrs. Rose Kummins  
(Address) 30 Coral Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

*John A. Clark*  
(Signature of Agent of Board of Health or other)  
Health Officer 8 22 58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

R-301A

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50M-5-57-920345

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

156

No. Winthrop Community Hospital

((If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Baby Boy Moran

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 304 SHIRLEY

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 21 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19, to, 19,I last saw h alive on 19 death is said to  
have occurred on the date stated above, at 10:40 P.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Prematurity (8 Mos. gestation)

Due To (b) Fetal pulmonary atelectasis  
Bladder neck obstruction:Due To (c) a) bilateral hydroureter  
b) bilateral polycystic kidneys

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) A. N. Caplan M. D.

(Ad) 186 PRINCETON ST EAST BOSTON Date 8-22-58

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 25 1958

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

August 26, 1958

John A. Clark

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR wh 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours  
Hours Minutes 50

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP MASS  
(State or country)

17 NAME OF FATHER GEORGE A. MORAN

18 BIRTHPLACE OF FATHER (City) CHELSEA MASS  
(State or country)

19 MAIDEN NAME OF MOTHER LILLYN D. GREER

20 BIRTHPLACE OF MOTHER (City) LEWISTON MAINE  
(State or country)21 Informant GEORGE A. MORAN  
(Address) 304 SHIRLEY ST WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians, see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hospital

2 FULL NAME Chester Raymond Spinney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 78 Grand View Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 20 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Aug 24 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Oct 18 1955 to Aug 24 1958  
I last saw him alive on Aug 24 1958, death is said to  
have occurred on the date stated above, at 5:10 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

8 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Rupture of  
Aortic aneurysm

Due To (b) Atherosclerosis

(c) 70 years old

Due To (c) 70 years old

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Iper-tube

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) People for 2 years, M. D.

(Address) 1946 Lexington Ave, Date 8-25-58

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug 27 1958

7 NAME OF FUNERAL DIRECTOR Edward S. Rymuth

ADDRESS 1100 Lexington Ave

Received and filed August 26, 1958

John A. Clark  
(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 157

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Jennie Dogherty  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 4 Months 2 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Insurance  
(Kind of work done during most of working life)

14 Industry or Business: Marine

15 Social Security No. 024-01-1485

16 BIRTHPLACE (City) Somerville  
(State or country) Mass.

17 NAME OF FATHER Charles Spinney

18 BIRTHPLACE OF FATHER (City) Lewiston  
(State or country) Maine

19 MAIDEN NAME OF MOTHER Harriet Jones

20 BIRTHPLACE OF MOTHER (City) Steepfalls  
(State or country) Maine21 Informant Jennie Spinney  
(Address) 78 Grand View Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 8-26-58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died: by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these rules calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by a recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 158

PLACE OF DEATH

SUFFOLK  
(County)WINTHROP  
(City or Town)

No. BAY VIEW NURSING HOME, 41 WASH. AVE. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANGUS S. KIRBY  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO(a) Residence. No. 4 EDGEHILL RD St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death 5 years 5 months days. In place of residence 45 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 26 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 1958 to August 1958I last saw him alive on August 24, 1958, death is said to  
have occurred on the date stated above, at 1:40 P. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of throat

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

none

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

5 yrs

Was autopsy performed? no  
What test confirmed diagnosis? biopsy5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify.

(Signed) Arthur C. Murray M. D.

(Address) Wintthrop Mass Date 30 Aug 1958

6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL AUG 29 1958

7 NAME OF FUNERAL DIRECTOR Maurice W Kirby  
ADDRESS 216 WINTHROP ST WINTHROP

Received and filed August 28, 1958

John A. Clark

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED MARRIED10a If married, widowed, or divorced  
HUSBAND of MARY C. RUBICHEAU  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 years Months Days If under 24 hours 28  
Hours Minutes13 Usual Occupation: ENGINEER  
(Kind of work done during most of working life)

14 Industry or Business: SHIP BUILDING

15 Social Security No.

16 BIRTHPLACE (City) EAST BOSTON  
(State or country) MASS

17 NAME OF FATHER JOSEPH KIRBY

18 BIRTHPLACE OF FATHER (City) EAST BOSTON  
(State or country) MASS19 MAIDEN NAME OF MOTHER MARY M<sup>O</sup>TS AAC20 BIRTHPLACE OF MOTHER (City) EAST BOSTON  
(State or country) MASS21 Informant MARY C KIRBY  
(Address) 4 EDGEHILL RD WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Walter G. Glick 8-28-58  
(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-R-57-9-20750

PLACE OF DEATH

*Suffolk*  
(County)  
*Boston*  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

159

04614

Registered No. ....

En route to Mass. General Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Leo W. Clifford* (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, or to specify WAR) No

(a) Residence. No. *70 Prospect Ave Winthrop* (Usual place of abode) (If nonresident give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence. *1* years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *May 5 1958*  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*FRACTURE OF SKULL  
AND LACERATION OF  
BRAIN*

5 Accident, suicide, or homicide (specify *Accident*)

Date and hour of injury *5/2 1958*

Where did injury occur? *Revere Mass*  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? *Public highway*  
(Specify type of place)

Manner of injury *Operator of motor car*  
(How did injury occur?)

Nature of injury *which collided with parked truck*

While at work? Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?

If so, specify *Michael J. Thomas* M. D.

(Address) *5/2 1958*

7 *Holy Cross* *Malden*  
(City or Town)

DATE OF BURIAL *May 5, 1958*

8 NAME OF FUNERAL DIRECTOR *Richard C. Kirby*

ADDRESS *917 Bennington St. E. Boston*

Received and filed *MAY - 8 1958*

*Charles A. Inacke*  
(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX *M* 10 COLOR OR RACE *White* 11 SINGLE (write the word) *MARRIED*  
*Married*  
or DIVORCED

11a If married, widowed, or divorced HUSBAND of *Ann Vasconcellos*  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILL BORN, enter that fact here.

13 AGE *27* Years.....Months.....Days If under 24 hours  
*Hours.....Minutes*

14 Usual Occupation: *Asst. Purchasing Agent*  
(Kind of work done during most of working life)

15 Industry or Business: *Wahn Co.*

16 Social Security No. *017-22-7422*

17 BIRTHPLACE (City) *Boston*  
(State or country) *Mass.*

18 NAME OF FATHER *Edmund Clifford*

19 BIRTHPLACE OF FATHER (City) *Boston,*  
(State or country) *Mass.*

20 MAIDEN NAME OF MOTHER *Margaret Whitney*

21 BIRTHPLACE OF MOTHER (City) *Boston*  
(State or country) *Mass.*

22 Informant (Address) *Mrs. Ann Clifford*  
*70, Prospect Ave. Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Leonard*  
(Signature of Agent of Board of Health or other)

*22511* *8-3-68*  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar



SEP 17 1958 AM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

Registered No. ....

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

No. .... Longwood Hospital

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME John W Fielding  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 62 Washington Avenue Winthrop, Mass.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months 11 days. In place of residence 25 years ..... months ..... days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 5 7 58  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Aug. 10, 19 57, to May 7, 19 58I last saw him alive on 5/6/58, 19 death is said to  
have occurred on the date stated above, at 3:45 A.M.INTERVAL BE-  
TWEEN ONSET  
AND DEATHDISEASE OR CONDITION  
DIRECTLY LEADING  
TO DEATH (a) Carcinoma of lungsANTE DUE TO  
CEDENT (b)  
CAUSESDue To  
(c)OTHER  
SIGNIFICANT  
CONDITIONSMajor findings: carcinoma of lungs  
Of operations

Date of operation 1957 Was autopsy performed? no

What test confirmed diagnosis? biopsy

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Anthony A. Tenafo M. D.  
(Address) 116 Lafayette St. Date 5/7/58Winthrop Cemetery Winthrop, Mass.  
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL May 10 1958

7 NAME OF FUNERAL DIRECTOR Calped B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed MAY 12 1958

Charles H. Inactive

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR OR RACE White 10 SINGLE (write the word)  
MARRIED WIDOWED  
or DIVORCED Widowed10a If married, widowed, or divorced  
HUSBAND of Grace Evelyn Fielding  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 59 Years 10 Months 18 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Town Assessor  
(Kind of work done during most of working life)

14 Industry or Business: Town Of Winthrop

15 Social Security No. ....

16 BIRTHPLACE (City) East Boston, Mass.  
(State or country)

17 NAME OF FATHER William Henry Fielding

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Jane Driscoll

20 BIRTHPLACE OF MOTHER (City) East Boston  
(State or country) Mass.21 Informant Mrs. Peter R. Tatro  
(Address) Box 14, Myrtle, Pennsacola, Fla.I HEREBY CERTIFY that a satisfactory standard certificate of death was  
filed with me BEFORE the burial or transit permit was issued:7649 3-8-58  
(Official Designation) (Date of Issue of Permit)

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

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7-58

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Charles H. Mack

City Regist



SEP 17 1958 AM

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 1525

No. MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Frank Cartwright

(If deceased is a married, widowed or divorced woman, give also maiden name.)

145 Cliff Ave.

St. Winthrop, Mass.

(a) Residence, No.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That he attended deceased from  
May 21 1958 to May 26 1958  
We last saw him alive on May 26 1958, death is said to  
have occurred on the date stated above, at 10:56a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bilateral broncho-pneumonia

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT CONDITIONS Ca. of esophagus

Was autopsy performed? NO

What test confirmed diagnosis? CLINICAL

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed)

(Address) Asst. Dir. Mass. Gen'l Hosp.

date May 26 1958

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 29 1958

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano  
ADDRESS 147 Winthrop St Winthrop

Received and filed

JUN - 2 1958

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED married10a If married, widowed or divorced  
HUSBAND of Irene M. Morris  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Broker  
(Kind of work done during most of working life)

14 Industry or Business: Real Estate

15 Social Security No.

16 BIRTHPLACE (City) Everett  
(State or country) Mass.

17 NAME OF FATHER John Martin Cartwright

18 BIRTHPLACE OF FATHER (City) St. John  
(State or country) New Brunswick

19 MAIDEN NAME OF MOTHER Leonora W. Shea

20 BIRTHPLACE OF MOTHER (City) Cardiff  
(State or country) Wales21 Informant (Address) Leonora Martin  
145 Cliff Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

67001 CURE STREET

Charles H. Mackie

City Registrar

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 15267

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Kenneth R. SPINNEY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, WW II  
if so specify WAR)(a) Residence. No. 13 Edward Street  
(Usual place of abode)

St. Winthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 7 days. In place of residence 20 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH May 26 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 19 19 58 to May 26 19 58death is said to  
have occurred on the date stated above, at 2:10 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) 1. Pulmonary embolism and  
thrombosis, bilateral.

Days.

2. Obesity, familiar (385 lbs) Years

3. Essential hypertension,  
moderate, with cardiac  
hypertrophy (600 grams) YearsOTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes.

What test confirmed diagnosis? Autopsy & Clinical  
findings.5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Selwyn Bleifer, M.D.

(Address) VAH, Boston, Mass. Date May 26 19 58

6 Winthrop Cemetery, Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL May 29 19 58

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St., Winthrop, Mass.

Receive and Charles H. Mackie

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Helen A. Kenney  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 47 Years 4 Months 15 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Veterans Agent  
(Kind of work done during most of working life)

14 Industry or Business: V.A. (Town of Winthrop)

15 Social Security No. 017-12-8075

16 BIRTHPLACE (City) Somerville  
(State or country) Massachusetts

17 NAME OF FATHER Chester Spinney

18 BIRTHPLACE OF FATHER (City) Somerville  
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Jennie L. Dogherty

20 BIRTHPLACE OF MOTHER (City) Cambridge  
(State or country) Massachusetts21 Informant V.A. Hospital Records, 150 So.  
(Address) Huntington Ave., Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
has been filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

7938  
(Official Designation)5-28-58  
(Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Macki*  
City Registrar

RECEIVED



SEP 19 1953 AM

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BOM-J-87-920345

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT-OF-TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

## CERTIFICATE OF DEATH

Registered No. 05585

No. Peter Bent Brigham Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME <sup>George</sup> Leonard Conant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, **W.W.1.**  
if so specify WAR)

(a) Residence, No. 25 Villa Avenue

(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death — years — month 20 days. In place of residence 25 years — months — days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 1, 1958.  
(Month) (Day) (Year)4 WHEREBY CERTIFY, That I attended deceased from  
May 12, 58, to June 1, 1958.  
We last saw him alive on June 1, 1958, death is said to

have occurred on the date stated above, at 11:00 A. M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

3 weeks

(b) Coronary atherosclerosis

5 years

(c) Bronchopneumonia

OTHER  
SIGNIFICANT CONDITIONS Acute ulcer of duo-  
denum, peptic

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Victoria Can, M. D.

(Address) P. Bent Brigham Hosp. Date June 1, 1958.

6 Mount Auburn Cemetery, Cambridge, Mass.  
(Place of burial or cremation) (City or town)

DATE OF BURIAL June 1, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Revised and filed Charles H. Mackie

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED11a If married, widowed, or divorced  
HUSBAND of Irene Wheeler  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years 11 Months 27 Days If under 24 hours  
— Hours — Minutes13 Usual Occupation: salesman  
(If deceased was home during most of working life)

14 Industry or Business: Electrical supplies

15 Social Security No. 010-09-6223

16 BIRTHPLACE (City) Auburn Maine  
(State or country)

17 NAME OF FATHER Frank Clarke Conant

18 BIRTHPLACE OF FATHER (City) Charlestown  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Eva May Laughton

20 BIRTHPLACE OF MOTHER (City) Solon  
(State or country) Maine21 Informant Mrs. Leonard G. Conant  
(Address) 25 Villa Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

U.K.

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar



SEP 17 1958 AM

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent

Registered No. 15584

No. Suffolk Downs Clubhouse

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME WALTER H. DONAHUE

(If deceased in a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

W W I

(a) Residence. No. 70 Edgehill Road, Winthrop St.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 5 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)

CORONARY OCCLUSION  
ACUTE MYOCARDIAL INFARCTION

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did

injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in

public place?

(Specify type of place)

Manner of

injury

(How did injury occur?)

Nature of

injury

While at work?

Was autopsy performed? NO

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature)

(Address)

Boston

Date

6/5/

1958

Winthrop Town Cem Winthrop

Place of burial, or cremation.

(City or Town)

DATE OF BURIAL

June 9

1958

NAME OF FUNERAL DIRECTOR

Hager Funeral Service

ADDRESS

158 W. Main Ave. W. Boston

Received and filed

JUN 12 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX

M

10 COLOR OR RACE

White

11 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(write the word)

Married

11a If married, widowed, or divorced

HUSBAND of

Dorothy M. (Vendi)

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13

AGE

59

Years

6

Months

2

Days

If under 24 hours

Hours

Minutes

14 Usual

Occupation:

Accountant

(Kind of work done during most of working life)

15 Industry

or Business:

Tax Consultant

16 Social Security No.

0-33-14-7664

17 BIRTHPLACE (City)

(State or country)

Stow Mass.

18 NAME OF

FATHER

Edward Donahue

19 BIRTHPLACE OF

FATHER (City)

Boston Mass

(State or country)

20 MAIDEN NAME

OF MOTHER

Mary Arthur

21 BIRTHPLACE OF

MOTHER (City)

Ireland

(State or country)

22

Informant

(Address)

Mrs Dorothy M. Donahue  
70 Edgehill Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

W J M Sean  
(Signature of Agent of Board of Health or other)

D 3207

June 7 1958

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar



SEP 17 1958 AM

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PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

001 - OF - TOW

To be filed for burial permit  
with Board of Health  
or its Agent. 165  
0508

Registered No.

No. Peter Bent Brigham Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME (Mrs.) Fannie Levitan

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No(a) Residence. No. 149 Locust  
(Usual place of abode)St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years months 11 days. In place of residence 32 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 10 1958  
(Month) (Day) (Year)WE HEREBY CERTIFY, That deceased died on  
May 31 1958 to June 10 1958We last saw her alive on June 10 1958, death is said to  
have occurred on the date stated above, at 3:52 A. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Chronic Pyelonephritis

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

App 10

Due To (b) Arterial and Arteriolar  
Nephrosclerosis, Advanced

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Victor Can, M. D.

(Address) P. Bent Brigham Hosp Date June 10 1958

6 Ashkenaz Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 11 1958

7 NAME OF FUNERAL DIRECTOR Paul R. Levine  
ADDRESS 470 Harvard St., Brookline

Received and filed

JUN 13 1958  
Charles H. Mackie  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED Widowed  
WIDOWED or DIVORCED10a If married, widowed, nr divorced  
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Isreel J. Levitan  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 68 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: House-wife  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Boston  
(State or country)

17 NAME OF FATHER James Bernard Smarkowetz

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Esther (unknown)

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)21 Informant Mrs. Harry Lorraine  
(Address) 15 Violante St., MattapanI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued.U. Maraw D 23267  
(Signature of Agent of Board of Health or other)(Official Designation) June 10, 58  
(Date of Issue of Permit)

K.E.V.

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

SEP 19 1953 AM

R-301A

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DOM-11-56-918078

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

BAKER MEMORIAL  
MASSACHUSETTS GENERAL HOSPITAL  
No. Boatrice(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME Marion Holt (Rowe)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.(a) Residence, No. 586 Shirley St.,  
(Usual place of abode)St. Winthrop, Mass.  
(If nonresident, give city or town and State)Length of stay: In place of death 6 years 6 months 6 days. In place of residence 20 years 6 months 6 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 11 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That Marion attended deceased from  
June 5, 1958, to June 11, 1958We last saw her live on June 11, 1958 death is said tohave occurred on the date stated above, at 11:00pm

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary artery diseaseINTERVAL  
BETWEEN  
ONSET AND  
DEATH6 mosDoe To  
(b)Due To  
(c)OTHER SIGNIFICANT CONDITIONS Pulmonary fibrosis  
Pulmonary emphysemaWas autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Ch. Clay, M. D.(Address) Asst. Dir. Mass. Gen'l Hosp. Date 6 12 19586 Bellville Cemetery, Newburyport, Mass.  
(Place of Burial or Cremation) (City or Town)DATE OF BURIAL June 13, 19587 NAME OF FUNERAL DIRECTOR Alfred B. MarshADDRESS 174 Winthrop St. Winthrop, Mass.Registered and filed JUN 18 1958Charles A. Mocke  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED divorced  
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Horace Holt  
(Give maiden name of wife in full)(or) WIFE of Horace Holt  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 70 Years 8 Months 24 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Telephone solicitor  
(Kind of work done during most of working life)14 Industry or Business: retail sales15 Social Security No. none16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.17 NAME OF FATHER Ernest Houghton Rowe18 BIRTHPLACE OF FATHER (City) Newburyport  
(State or country) Mass.19 MAIDEN NAME OF MOTHER Charlotte Elisabeth Curr20 BIRTHPLACE OF MOTHER (City) Newburyport  
(State or country) Mass.21 Informant Miss. Charlotte S. Holt  
(Address) 738 Keystone Ave. Rivor Forest

I HEREBY CERTIFY that a satisfactory standard burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

8142 6-13-58  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

SEP 1 9 1853 AM

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 05749

No.

MASSACHUSETTS GENERAL HOSPITAL

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME John McDonald

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence, No. 25 Taylor St.  
(Usual place of abode)St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years months 22 days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH June 11, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 20, 1958, to June 11, 1958.  
We last saw him alive on June 11, 1958, death is said to  
have occurred on the date stated above, at 6:55A.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 YRS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) LAENNEC'S CIRRHOSIS

Due To (b) CHRONIC ALCOHOLISM.

20 YRS.

Due To (c)

OTHER SIGNIFICANT CONDITIONS CHRONIC PANCREATITIS

10 YRS

Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Ch. Clay, M. D.  
(Address) Asst. Dir. Mass. Gen'l Hosp. Date Jun 11, 19586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL June 13, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop, Mass.

Received and filed JUN 16 1958

Charles H. Mackie  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Chauffeur  
(Kind of work done during most of working life)

14 Industry or Business: Winthrop Sewer Dept.

15 Social Security No.

16 BIRTHPLACE (City, State or country) Charlottetown  
Prince Edwards Island

17 NAME OF FATHER Allan McDonald

18 BIRTHPLACE OF FATHER (City, State or country) Prince Edwards Island

19 MAIDEN NAME OF MOTHER Isabelle McDougall

20 BIRTHPLACE OF MOTHER (City, State or country) Prince Edwards Island

21 Informant Mary Flannery  
(Address) 25 Taylor St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

8/1/58 6-12-58  
(Official Designation) (Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

SEP 17 1958 AM

PLACE OF DEATH

Suffolk  
Boston  
(County)  
(City or Town)The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH51  
OUT - OF - TOWNTo be filed for burial permit  
with Board of Health  
or its Agent.

168

Registered No. 16311

No. *Mass. General Hospital* St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Nancy Ingersoll* (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. *23 Ocean View St. Winthrop* (Usual place of abode) (If nonresident, give city, town and State)

Length of stay: In place of death, years, months, days. In place of residence, years, months, days.

## MEDICAL CERTIFICATE OF DEATH

J DATE OF DEATH *June 25, 1958*  
(Month) (Day) (Year)

I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*CRUSHING INJURY OF CHEST  
WITH RUPTURE OF  
BRONCHUS*5 Accident, suicide, or homicide (specify *Accident*)Date and hour of injury *6/25 1958*Where did injury occur? *Winthrop*  
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place? *Sidewalk near*  
(Specify type of place)Manner of injury *Carney*  
(How did injury occur?)Nature of injury *Struck by motor car*While at work? *no* Was autopsy performed? *no*

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Michael Phongs* M. D.  
(Address) *Boston* Date *6/25 1958*7 *Winthrop* *Winthrop*  
Place of Burial; or Cremation. (City or Town)DATE OF BURIAL *June 28 1958*8 NAME OF FUNERAL DIRECTOR *Howard S Reynolds*  
ADDRESS *Winthrop Mass*Received and filed *Charles H. Inactive*  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Female* 10 COLOR OR RACE *White* 11 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED *Single*

11a. If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *8* Years *0* Months *29* Days If under 24 hours  
Hours Minutes14 Usual Occupation: *Student*  
(Kind of work done during most of working life)15 Industry or Business: *School*16 Social Security No. *None*17 BIRTHPLACE (City) *Winthrop*  
(State or country) *Mass*18 NAME OF FATHER *Herbert N Ingersoll<sup>1</sup>*19 BIRTHPLACE OF FATHER (City) *Addison*  
(State or country) *Maine*20 MAIDEN NAME OF MOTHER *Jessie M Witherell*21 BIRTHPLACE OF MOTHER (City) *Melrose*  
(State or country) *Mass*22 Informant *Herbert N Ingersoll*  
(Address) *23 Ocean View St. Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Maureen Harris*  
(Signature of Agent of Board of Health or other)*D 08333* *6-27-58*  
(Official Designation) (Date of Issue of Permit)

X

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

SEP 1 1952



SEP 1 1952

PLACE OF DEATH

Suffolk  
County  
Boston  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

169

Registered No. 16396

En route to Mass. General Hospital

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)2 FULL NAME HARRY HOFFMAN  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 41 CUTLER ST. Winthrop St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 1, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)

CORONARY OCCLUSION

5 Accident, suicide, or homicide (specify)

Date and hour of injury ..... 19

Where did  
Injury occur? .....  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in

public place? .....  
(Specify type of place)Manner of  
Injury .....  
(How did injury occur?)Nature of  
Injury .....While at work? ..... Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael Thompson M. D.  
(Address) Boston Date 7/1 1958

7 Hebrew Volin Cem Baker St W Rox

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL July 3rd 1958

8 NAME OF FUNERAL DIRECTOR Henry Levine  
470 Harvard St Brookline Mass.  
ADDRESS

Received and file

JUL 7 1958  
Charles A. Inactive  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR OR RACE white 11 SINGLE MARRIED (write the word)  
WIDOWED OR DIVORCED married11a If married, widowed, or divorced  
HUSBAND of Gertrude White  
(Give maiden name of wife in full)(or) WIFE of .....  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 64 Years Months Days If under 24 hours  
Hours Minutes14 Usual Occupation: Prop  
(Kind of work done during most of working life)

15 Industry or Business: News Stand

16 Social Security No. Russia  
17 BIRTHPLACE (City) Aaron Hoffman  
(State or country)

18 NAME OF FATHER Russia

19 BIRTHPLACE OF FATHER (City) Bessie Chatnoff  
(State or country)

20 MAIDEN NAME OF MOTHER Russia

21 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)22 Informant Gertrude Hoffman  
(Address) 41 Cutler St Winthrop MassI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other  
8401  
(Official Designation) 7-2-58  
(Date of Issue of Permit)

V-12

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

SEP 1 9 1878

# CERTIFICATE OF DEATH

STATE FILE NO.

170

OF HEALTH AND WELFARE

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Kennebec</u> b. CITY, TOWN, OR LOCATION <u>Gardiner, Maine</u> c. LENGTH OF STAY IN 1b <u>2 hours</u> d. NAME OF HOSPITAL OR INSTITUTION <u>Gardiner General Hosp.</u> e. IS PLACE OF DEATH IN RURAL AREA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> Where deceased lived. If institutional residence, before admission a. STATE <u>Massachusetts</u> COUNTY <u>Suffolk</u> c. CITY, TOWN, OR LOCATION <u>Winthrop</u> d. STREET ADDRESS <u>52 Beach Road</u> (If rural give location) e. IS RESIDENCE IN RURAL AREA? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3a. NAME OF DECEASED—First Name <u>Carl</u> 3b. Middle Name <u>Leo</u> 3c. Last Name <u>Root</u>		4. DATE OF DEATH <u>7 - 6 - 1958</u> Month Day Year		5. SEX <u>M</u> 6. COLOR OR RACE <u>White</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) <u>Expeditor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Expedition</u>		11. BIRTHPLACE (State or foreign country) <u>Boston, Mass.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Reynolds Root</u>		14. MOTHER'S MAIDEN NAME <u>Alice I. Earle</u>			
15. NAME OF SPOUSE (If married) <u>Mary G. Connolly Root</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If yes, give war or dates of service)		17. SOC. SECURITY NO. <u>Widow, 52 Beach Road, Winthrop, Mass.</u>			
<b>19. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> 4-2-01 Conditions, if any, which gave rise to above cause (a) stating the underlying cause last DUE TO (b) <u>Coronary sclerosis with angina</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the terminal disease condition given in Part I(a)				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>2 years</u>			
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <b>21b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 19) <b>21c. TIME OF INJURY</b> Hour <u>0.00</u> Month <u>7</u> Day <u>9</u> Year <u>58</u> a.m. p.m. <b>21d. INJURY OCCURRED WHILE AT:</b> <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> <b>21e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>21f. CITY, TOWN, OR LOCATION</b> COUNTY STATE					
<b>22a. MEDICAL EXAMINER:</b> I hereby certify that death occurred on the time and from the causes stated above, and that I held on (investigation) (autopsy) on the remains of the deceased as required by law. <b>22b. PHYSICIAN:</b> I hereby certify that I attended the deceased from <u>7/5/58</u> to <u>7/6/58</u> and last saw him alive on <u>7/6/58</u> at <u>12:30 A.M.</u> on the date and from the causes stated above. <b>22c. SIGNATURE</b> (Degree or title) <u>Dr. B. B. Brown, M.D.</u> <b>22d. ADDRESS</b> <u>Gardiner, Me.</u> <b>22e. DATE SIGNED</b> <u>7/6/58</u>				<b>23a. NAME OF CEMETERY OR TEMPORARY</b> <u>Winthrop</u> <b>23b. DATE</b> <u>7-9-58</u> <b>23c. FUNERAL DIRECTOR</b> <u>Bragdon-Flannery</u> <b>23d. ADDRESS</b> <u>Nonmouth, Me.</u> <b>23e. DATE RECD. BY LOCAL REG</b> <u>July 6, 1958</u> <b>23f. REGISTERS SIGNATURE</b> - A TRUE COPY, ATTEST.			

(Registrar)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

SEP 1 1900 PM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

QUEENS

(County)

St. Albans, N. Y.

(City or Town)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 172

No. \_\_\_\_\_ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE E. EASON  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 41 Marshall St., Winthrop  
(Usual place of abode) St. \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

17H (Rev. 9/54)  
145

Buro Death

Institution

Buro-Resid.

Area-Dist.

Nativ. Den.

Cause 1

Cause 2

Operation

Aut.-Anstap.

Cem.

Type A-Add.

Observation

FILED

## Certificate of Death

Certificate No. 154-5-1-38014

1. NAME OF  
DECEASED  
(Print or Type-write)

George Emory EASON

Last Name

PERSONAL PARTICULARS  
(To be filled in by Funeral Director)MEDICAL CERTIFICATE OF DEATH  
(To be filled in by the Physician)2 USUAL RESIDENCE: (a) State MASSACHUSETTS(b) Co. \_\_\_\_\_ (c) Post Office WINTHROP  
and Zone \_\_\_\_\_(d) No. 41 MARSHALL(e) Length of residence or stay in City of  
New York immediately prior to death Non resident3 SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

MARRIED

4 DATE OF BIRTH OF DECEASED (Month) (Day) (Year)  
DECEMBER 29, 19105 AGE 47 yrs. If under 1 year mo. days hrs. or min.  
If LESS than 1 day.a. Usual Occupation (Kind of work done during most of working  
life, even if retired)

MILITARY

b. Kind of Business or Industry in which this work was done

U. S. NAVY

7 SOCIAL SECURITY NO.

8 BIRTHPLACE  
(State or Foreign Country)

KANSAS

9 OF WHAT COUNTRY WAS  
DECEASED A CITIZEN  
AT TIME OF DEATH? U.S.A.10a. WAS DECEASED EVER  
IN UNITED STATES  
ARMED FORCES? Yes 10b. IF YES, Give war or dates  
of service 1936 to Present-Active11 NAME OF  
FATHER OF  
DECEASED GEORGE W. EASON12 MAIDEN NAME  
OF MOTHER  
OF DECEASED MIRTYLE JANE HANEY13 NAME OF INFORMANT RECORDS - U.S. NAVAL HOSPITAL, ST. ALBANS, L.I., N.Y.

RELATIONSHIP TO DECEASED

ADDRESS

14a. Name of Cemetery or Crematory

ARLINGTON NATIONAL CEM

14b. Location (City, Town or County and State)

ARLINGTON, VA.

14c. Date of Burial or Cremation

7/18/5815 FUNERAL  
DIRECTOR RIVERSIDE MEMORIAL  
CHapel, Inc.

ADDRESS

310 CONEY ISLAND Ave. Bklyn

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

## VITAL PARTICULARS

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED

name of wife in full)

d's name in full)

ere.

If under 24 hours  
.....Hours.....Minutes

e during most of working life)

I further certify that death was not caused, directly  
or indirectly by accident, homicide, suicide, acute or chronic  
poisoning, or in any suspicious or unusual manner, and that it  
was due to NATURAL CAUSES more fully described in the  
confidential medical report filed with the Department of Health.

\* Cross out words that do not apply.

† See first instruction on reverse of certificate.

Witness my hand this 13th day of July, 1958Signature Robert J. Flinchbaugh M.D.Address U.S. Naval Hospital, St. Albans, N.Y.

wn where death occurred)

19.....



301A

IONS

TIFICATE

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cause or  
death on  
ates.

5103-97-9203A

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

BOSTON CITY HOSPITAL

No.

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent

STANDARD

CERTIFICATE OF DEATH

Registered No.

6919

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)2 FULL NAME Thomas Ippolito David Ippolito  
(If deceased is a married, widowed or divorced woman, give a maiden name.)

Mayflower Nursing Home

(a) Residence, No. 39 Groves Avenue  
(Usual place of abode)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death - years - months - 3 days. In place of residence - 2 years 6 months - days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 15, 1958  
(Month) (Day)4 I HEREBY CERTIFY, ~~XXXXXX~~  
July 12, 1958 to July 15, 1958I last saw him alive on ~~XXXXXX~~, death is said to

have occurred on the date stated above, at 7:20A .m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
hoursDEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) Pulmonary Congestion and  
Edema.Due To (b) Arteriosclerotic Heart  
Disease.

years

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? yes  
What test confirmed diagnosis? autopsy5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) *W. Anthony Olmsted* M. D.

(Address) BOSTON CITY HOSPITAL Date 7-15-58

6 St. Michaels Boston  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 18, 1958

7 NAME OF FUNERAL DIRECTOR Rose Scaramella  
ADDRESS 147 Winthrop St., Winthrop

Received and filed JUL 18 1958

*Charles H. Macke*  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED married10a If married, widowed or divorced  
HUSBAND of Maria Frischetti  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 90 Years Months Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Laborer  
(Kind of work done during most of working life)

14 Industry or Business: Construction

15 Social Security No. 6461

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Information unavailable

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Information unavailable

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)Informant Mrs. Maria Ippolito  
(Address) 20 Bremen St., E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:*Maureen H. H. H.*  
(Signature of Agent of Board of Health or other)  
D08619 7-17-58  
(Official Designation) (Date of Issue of Permit)

X

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

SEP 1 9 13 69

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

117057

No. Hahnemann Hospital 1515 Commonwealth Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary (Anderson) Clark

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 241 Washington Ave.

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 25 years 25 months 25 days. In place of residence 32 years 32 months 32 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 21 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 16, 1958, to July 20, 1958I last saw her alive on July 20, 1958, death is said tohave occurred on the date stated above, at 10:30 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH4 days

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CEREBRO-VASCULAR HEMORRHAGEDue To ATHERO-SCLEROSIS(b) 20 yrsDue To HYPERTENSION(c) ?OTHER  
SIGNIFICANT  
CONDITIONS DIABETES MELLITUS5 yrs.Was autopsy performed? NoWhat test confirmed diagnosis? PHYSICAL EXAM5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) John V. Moore, M. D.(Address) 1001 Beacon St. Date July 21 19586 Pine Grove Whitinsville, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 24 19587 NAME OF FUNERAL DIRECTOR Howard S ReynoldsADDRESS Winthrop Mass.

Recorded and filed

JUL 24 1958Charles H. Mackie  
(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widow

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of Robert Clark

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 2 Months 0 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)14 Industry or Business: At home15 Social Security No. None16 BIRTHPLACE (City) Dalry  
(State or country) Scotland17 NAME OF FATHER Alexander Anderson18 BIRTHPLACE OF FATHER (City)  
(State or country) Scotland19 MAIDEN NAME OF MOTHER Mary McNab20 BIRTHPLACE OF MOTHER (City)  
(State or country) Scotland21 Informant Mary C Morey  
(Address) 241 Washington Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V.H.V.

A TRUE COPY ATTEST:

*Charles H. Mackie*

CITY OF

RECEIVED



SEP 18 1959 AM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.Registered No. 175  
147328

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

STANDARD  
CERTIFICATE OF DEATHNo. Veterans Administration Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME James G. CREIGHTON  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran? ☒  
If so specify WAR) WWI(a) Residence, No. 36 Atlantic St. Winthrop, Mass.  
(Usual place of abode) 20 (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 1 days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH July 27 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
June 26, 1958, to July 27, 1958  
DEATH OCCURRED ON JULY 27, 1958, death is said to

have occurred on the date stated above, at 7:45 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
Hours

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial infarction

Due To Arteriosclerotic heart  
(b) disease. Years

5 OTHER SIGNIFICANT CONDITIONS:

Right lower lobe atelectasis,

OTHER SIGNIFICANT CONDITIONS status 2 days post-operative  
left lower lobe atelectasis for  
bronchopneumonia. Years

Was autopsy performed?

What test confirmed diagnosis? Autopsy & Clinical  
findings.6 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Robert K. McCarthy, M.D., M. D.  
Robert K. McCarthy, M.D.  
(Address) VAN, Boston, Mass. Date July 28, 19587 Winthrop Cemetery, Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL July 30 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed JUL 31 1958

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Annie Marie Conchan  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 71 Years 0 Months 27 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Brakeman (Retired)  
(Kind of work done during most of working life)

14 Industry or Business: Railroad

15 Social Security No. 023-10-6861

16 BIRTHPLACE (City) East Boston  
(State or country) Massachusetts

17 NAME OF FATHER William H. Creighton

18 BIRTHPLACE OF FATHER (City) Charlestown  
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER unknown

20 BIRTHPLACE OF MOTHER (City) unknown  
(State or country)21 Informant V.A. Hospital Records  
(Address) Boston 30, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

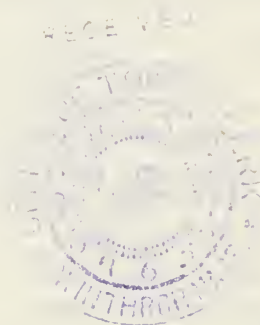
(Signature of Agent of Board of Health or other)

DOROTHY DOROTHY  
(Official Designation)7-30-58  
(Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar



SEP 18 1958 AM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

176

STANDARD  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

Suffolk

(County)

Winthrop

(City or Town)



No. WINTHROP CONVALESCENT HOME

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

Edmund Kitson

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 35A Pico Ave.

(Usual place of abode)

St. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months 14 days. In place of residence 60 years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. 5 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
October, 1956, to Sept. 5, 1958.  
I last saw him alive on SEPT 5, 1958 death is said to  
have occurred on the date stated above, at 4:30 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
2 YRS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) NEPHROSCLEROSIS WITH  
UREMIA(b) CHRONIC BENIGN PROSTATIC  
HYPERTROPHY WITH OBSTRUCTION 1 3/4 YRS

(c) GENERAL ARTERIO SCLEROSIS 5 YRS

OTHER  
SIGNIFICANT  
CONDITIONS

KIDNEY CALCULI

Was autopsy performed? No

What test confirmed diagnosis: CLINICAL &amp; LABORATORY

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Myron H. King, M. D.

(Address) 222 PLEASANT ST WINTHROP Date 9/6 1958

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept 8 1958

7 NAME OF FUNERAL DIRECTOR Howard S. King

ADDRESS Winthrop

Received and filed SEP 8 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced,

HUSBAND of Nellie Huby  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 92 Years 1 Months 24 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Steward

(Kind of work done during most of working life)

14 Industry

or Business: Yacht Club

15 Social Security No. 027-16-0308

16 BIRTHPLACE (City)

(State or country) Wakefield

England

17 NAME OF

FATHER Oawald Kitson

18 BIRTHPLACE OF

FATHER (City) Wakefield

(State or country) England

19 MAIDEN NAME

OF MOTHER Sarah -----

20 BIRTHPLACE OF

MOTHER (City) Wakefield

(State or country) England

21

Informant Charles Kitson

(Address) 35 Pico Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transfer permit was issued:

(Signature of Agent of Board of Health or other)

H. O. (Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . — Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

127

Registered No.

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Edmund Thompson Roach

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

W.W.1

(a) Residence. No. 243 Winthrop St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 21 days. In place of residence 49 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 5 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

8/21, 1958, to 9/5, 1958

I last saw him alive on 9/5, 1958, death is said to

have occurred on the date stated above, at 2 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 mos.

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
or DIVORCED

male white

10a If married, widowed, or divorced

HUSBAND of Violet Estelle Noyes  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 62 Years 10 Months 15 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Superintendent

(Kind of work done during most of working life)

14 Industry

or Business Winthrop Water Department

15 Social Security No. none

16 BIRTHPLACE (City)

Boston

(State or country)

Mass.

17 NAME OF

FATHER John Andrew Jackson Roach

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21

Informant Ralph E. Roach

(Address) 6 Grant Road Lynnfield, Ctr.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

H.O.  
(Official Designation)Sept 8-1958  
(Date of Issue of Permit)

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cirrhosis of Liver

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop, Mass. Date 9/6/ 1958

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 8, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

John A. Clark  
(Registrar)

504-11-56.918978

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE **October 28, 1917**

DATE OF DISCHARGE **July 30, 1919**

RANK, RATING **Corporal**

ORGANIZATION AND OUTFIT **3rd. Pioneer Infantry Co.**

SERVICE NUMBER **1226701**

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

178

STANDARD  
CERTIFICATE OF DEATH

Registered No.

178

Suffolk

(County)

Winthrop

(City or Town)

No. Bayview Nursing Home

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Assunta Murano (Iorio)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

(a) Residence. No. 709 Bennington St. E. Boston St. East Boston  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 2 months 2 days. In place of residence 2 years 0 months 0 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT. 7 58  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
JAN. 1954, to SEPT. 7, 1958.  
I last saw her alive on SEPT. 7, 1958, death is said to  
have occurred on the date stated above, at 8:35 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 WEEKS

SEVERAL YEARS

YEARS

6 MONTHS

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX F 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Widowed  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Andrea Murano  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 0 Months 22 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At Home

15 Social Security No. None

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Giovanni Iorio

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Philomena Cioni

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Mr. Ludovico Murano  
(Address) 709 Bennington St. E. BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCTION

Due To CORONARY ARTERY  
(b) DISEASEDue To GENERALIZED ARTERIO  
(c) SCLEROSISOTHER SIGNIFICANT CEREBRAL STROKE  
CONDITIONSWas autopsy performed? NO  
What test confirmed diagnosis? ECUS5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.(Signed) Charles J. Cataldo, M. D.  
(Address) 49 BURON ST EB Date Sept 9, 1958

6 Holy Cross Cemetery, Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 10, 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St. E. BostonReceived and filed SEP 12 1958  
John A. Clark (Registrar)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATHRegistered No. **129**

Suffolk

(County)

Winthrop

(City or Town)

No. **279 Revere**((If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)2 FULL NAME **Bessie R. Nicolas (Corbett)**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. **279 Revere**  
(Usual place of abode)St. **Winthrop**

(If nonresident, give city or town and State)

Length of stay: In place of death **26** years months days. In place of residence **26** years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **SEPT. 10 1958**  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
**JULY 27**, 1954, to **SEPT 10**, 1958  
I last saw him alive on **SEPT 9**, 1958, death is said to  
have occurred on the date stated above, at **6:10 A.M.**INTERVAL  
BETWEEN  
ONSET AND  
DEATH**17 Hrs**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **ACUTE MYOCARDIAL INSUFFICIENCY**Due To **HYPERTENSIVE HEART**  
(b) **DISEASE****4 YEARS**Due To **HYPERTENSION**  
(c)**10 YEARS**OTHER  
SIGNIFICANT **CORONARY OCCLUSION**  
CONDITIONS**1954**Was autopsy performed? **No**

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify(Signed) **Dorothy Cheney Appleton**, M. D.  
**197 Woodside Ave**  
(Address) **Winthrop, Mass** Date **Sept 11 1958**6 **Winthrop** **Winthrop**  
Place of Burial or Cremation (City or Town)DATE OF BURIAL **Sept. 13, 1958** 197 NAME OF  
FUNERAL DIRECTOR **Arthur S. Porcella**  
ADDRESS **10 No. Bennett St., Boston**Received and filed **SEP 10 1958** 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
or **DIVORCED** **Married**

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of **Ernest Nicolas**  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **64** Years **5** Months **18** Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: **Housewife**  
(Kind of work done during most of working life)14 Industry  
or Business:15 Social Security No. **none**16 BIRTHPLACE (City) **Elmsdale**  
(State or country) **Nova Scotia**17 NAME OF  
FATHER **Robert Corbett**18 BIRTHPLACE OF  
FATHER (City)  
(State or country) **Nova Scotia**19 MAIDEN NAME  
OF MOTHER **UNKNOWN**20 BIRTHPLACE OF  
MOTHER (City)  
(State or country) **Nova Scotia**21 Informant **Ernest Nicolas**  
(Address) **279 Revere St., Winthrop**I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent or Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. **180**

PLACE OF DEATH

**DOFFOLIT**  
(County)  
**WINTHROP**  
(City or Town)

No. **31 TEMPLE AVE** St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **JAMES L. FLYNN**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN — IMPORTANT**  
(Was deceased a U. S. War Veteran, if so specify WAR) **NO**

(a) Residence. No. **31 TEMPLE AVE** St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death **35** years.....months.....days. In place of residence **35** years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Sept. 15, 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from **October 12, 1958** to **Sept. 15, 1958**  
I last saw him alive on **Sept. 15, 1958**, death is said to have occurred on the date stated above, at **4:45 A.M.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Coronary Occlusion**

Due To (h) **Arterio sclerotic Heart Disease**

Due To (c) .....

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

**9 wks**

**1 yr.**

OTHER SIGNIFICANT CONDITIONS **Carcinoma of Prostate 6 yrs**

Was autopsy performed? **NO**  
What test confirmed diagnosis: **Clinical**

5 Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify

(Signed) **Charles Liberman** M. D.  
(Address) **Wintthrop, Mass** Date **9/17/1958**

6 **WINTHROP** **WINTHROP**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **SEPT. 18** 19**58**

7 NAME OF FUNERAL DIRECTOR **James H. Ruby**  
ADDRESS **210 Wintthrop St Wintthrop**

Received and filed **SEP 17 1958** 19.....

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **MALE** 9 COLOR **WHITE** 10 SINGLE (write the word) **MARRIED**  
MARRIED WIDOWED OR DIVORCED

10a If married, widowed or divorced HUSBAND of **CATHERINE E. SULLIVAN**  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **74** Years.....Months.....Days If under 24 hours Hours.....Minutes

13 Usual Occupation: **SALES MGR.**  
(Kind of work done during most of working life)

14 Industry or Business: **COSMETICS**

15 Social Security No. ....

16 BIRTHPLACE (City) **CAMBRIDGE**  
(State or country) **MASS**

17 NAME OF FATHER **HENRY M. FLYNN**

18 BIRTHPLACE OF FATHER (City) **BOSTON**  
(State or country) **MASS**

19 MAIDEN NAME OF MOTHER **JULIA A BUCKLEY**

20 BIRTHPLACE OF MOTHER (City) **CAMBRIDGE**  
(State or country) **MASS.**

21 Informant **Mrs. James L. Flynn**  
(Address) **31 TEMPLE AVE WINTHROP**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) **SEP 17/58**

**V.B. V**

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits; or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....



X  
PLACE OF DEATH

Norfolk

(County)

Weymouth

(City or Town)

No. South Shore Hospital



# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Weymouth  
(City or Town making this return)

## COPY OF CERTIFICATE OF DEATH

392  
Registered No. 181

2 FULL NAME Mary Hurley  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(a) Residence. No. 60 Sunnyside  
(Usual place of abode) St. Wintthrop, Mass.  
Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 15, 1958  
(Month) (Day) (Year)  
4 I HEREBY CERTIFY That I attended deceased from  
Nov. 8 1952 to Sept. 15 1958  
I last saw him alive on Sept. 15 1958, death is said to  
have occurred on the date stated above, at 6:45 p.m.

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary embolus

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
3/15/58

Due To Arteriosclerosis

(b) 1952

Due To Cerebral hemorrhage

(c) 1954

OTHER Diaphragmatic hernia

SIGNIFICANT CONDITIONS 5/20/58

Was autopsy performed? Clinical & Lab.

What test confirmed diagnosis? No

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert N. Ryan

(Address) Weymouth, Mass. Date Sept. 15 1958

6 Cambridge Gen. Cambridge, Mass.

Place of Burial or Cremation Sept. 19 (City or Town) 58

DATE OF BURIAL 19

7 NAME OF Francis F. Burns

FUNERAL DIRECTOR Cambridge, Mass.

ADDRESS

Received and filed. SEP 25 1958

(Registrar of City or Town where deceased resided)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation: net. Housekeeper (Kind of work done during most of working life)

14 Industry or Business: House work

15 Social Security No.

16 BIRTHPLACE (City) Cambridge (State or country) Mass.

17 NAME OF FATHER Thomas Hurley

18 BIRTHPLACE OF FATHER (City) Ireland (State or country)

19 MAIDEN NAME OF MOTHER Mary Wiley

20 BIRTHPLACE OF MOTHER (City) Roxbury (State or country)

21 Informant Grace Reily (Address) 60 Sunnyside St. Wintthrop, Mass.

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Clerk, Sept. 16, 1958

19

RECEIVED



SEP 25 1958 AM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

182

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No.

No. 65 Bellevue Avenue

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})2 FULL NAME Angelo M. Viglione  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No(a) Residence. No. 65 Bellevue Ave., Winthrop St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 16 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at 4:00 A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Coronary Occlusion Sudden  
(b)Due To Arteriosclerotic Heart 10 yrs  
(c) Disease

OTHER SIGNIFICANT CONDITIONS Purpura Hemorrhagica 15 yrs

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur C. Murray M. D.

(Address) Winthrop Board of Health date 17 Sept 1958

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 18th 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed SEP 17 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Julia D'Eboli  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 11 Months 17 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Tailor  
(Kind of work done during most of working life)

14 Industry or Business: Clothing

15 Social Security No. 014-12-7021

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Carmine A. Viglione

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Teresa Erricco

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Mrs. Julia Viglione-wife  
(Address) 65 Bellevue Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
H.O. Sep 17/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE .....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.Suffolk  
(County)Winthrop  
(City or Town)STANDARD  
CERTIFICATE OF DEATH

Registered No. 183

No. Winthrop Com. Hospital

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)2 FULL NAME Baby Girl Matwiczky  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No(a) Residence. No. 81 Crystal Ave., St. Revere  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days. 2 hrs. 12min.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 18, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Sept. 18, 1958, to Sept. 18, 1958.  
I last saw her alive on Sept. 18, 1958, death is said to  
have occurred on the date stated above, at 4:00 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hydrocephaly, marked, severe.  
Prematurity - 7 months.Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) M. Trause, Jr. M. D.

(Address) 73 Bartlett Rd., Date Sept. 18, 1958  
Winthrop, Mass.6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 19, 1958

7 NAME OF FUNERAL DIRECTOR Arthur S. Porcella  
ADDRESS 876 Winthrop Ave., Revere

Received and filed SEP 18 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days Under 24 hours  
24 hours 12 Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. None

16 BIRTHPLACE (City) Winthrop, Mass.  
(State or country)

17 NAME OF FATHER John Matwiczky

18 BIRTHPLACE OF FATHER (City) Carnegie  
(State or country) Penna.

19 MAIDEN NAME OF MOTHER Lillian Barnes

20 BIRTHPLACE OF MOTHER (City) Revere  
(State or country) Mass.21 Informant John Matwiczky  
(Address) 81 Crystal Ave., RevereI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Surmann  
(Signature of Agent of Board of Health or other)  
40 (Official Designation) Sept 18 58  
(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including falling, striking, etc.) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. 181

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 20 Centre St.

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME Roseann Crosby

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a U. S. War Veteran,  
if so specify WAR) no

(a) Residence. No. 20 Centre St.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death, 30 years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence, 30 years \_\_\_\_\_ months \_\_\_\_\_ days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 18, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
August 1958 to Sept 17, 1958  
I last saw her alive on Sept 17, 1958, death is said to  
have occurred on the date stated above, at 4:00 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchial pneumonia

Due To Cardiac Insufficiency  
(b)

Due To \_\_\_\_\_  
(c)

OTHER SIGNIFICANT CONDITIONS Uremia

Was autopsy performed? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Nathan B. Danoff, M. D.

(Address) 37 Princeton St Date 9/18/58

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 20 19 58

7 NAME OF FUNERAL DIRECTOR Frederick J. Magrath  
ADDRESS East Boston

Received and filed \_\_\_\_\_ 19 \_\_\_\_\_

SEP 22 1958

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of \_\_\_\_\_

(Give maiden name of wife in full)

(or) WIFE of Michael Crosby

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
If under 24 hours \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

13 Usual Occupation: housework w/ s  
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Mystic, Conn.  
(State or country)

17 NAME OF FATHER Alexander MacKinnon

18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) Nova Scotia

19 MAIDEN NAME OF MOTHER Ann --

20 BIRTHPLACE OF MOTHER (City) \_\_\_\_\_  
(State or country) Ireland

21 Informant (Address) Catherine Crosby  
20 Centre St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Serrano  
(Signature of Agent of Health or other)  
H.O. Serrano Sept 19-1958  
(Official Designation) (Date of Issue of Permit)

50M-1-58-921876

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

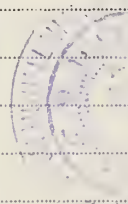
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

SEP 22 1953 PM



RECEIVED

Copies of returns of deaths which occurred in this city or town in which the deceased resided at the time of death should be transmitted on Form R-802 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

## The Commonwealth of Massachusetts Revere

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

Suffolk

(County)

Revere

(City or Town)

COPY OF  
CERTIFICATE OF DEATH

Registered No. 185

No. Grover Manor Hospital, Inc. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ella Gertrude Menchin (Dyer) (If deceased is a married, widowed or divorced woman, give also maiden name.) (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 114 Lincoln Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 43 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 23, 1958 (Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1958 to Sept. 23, 1958. I last saw her alive on Sept. 22, 1958, death is said to have occurred on the date stated above, at 6:30 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
Cerebral Infarct.

(a) 2 days

Due To Gangrene Both feet 2 mos.

Due To Diabetes 2 yrs.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis? Clinical signs

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify.

(Signed) James F. Burns, M. D.  
Everett Date 9/23 1958

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL September 25 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh  
ADDRESS 174 Winthrop St., Winthrop

Received and filed 1958 19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) Arthur Webster Menchin (or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years 8 Months 10 Days If under 24 hours Hours Minutes

13 Usual Occupation: Housewife (Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City) West New Portland (State or country) Maine

17 NAME OF FATHER Dexter Dyer

18 BIRTHPLACE OF FATHER (City) New Portland (State or country) Maine

19 MAIDEN NAME OF MOTHER Sarah Ellen Stephenson

20 BIRTHPLACE OF MOTHER (City) Belfast (State or country) Maine

21 Informant Miss Corlys M. Dyer (Address) Chadbourn Rd., Lewiston Maine

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED September 24, 1958

OFFICE



OCT - 1958 AM

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

Winthrop

(County)

Suffolk

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No.

186

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Nicholas Lanney

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

No

(a) Residence. No. 352 Bremen

(Usual place of abode)

St. East Boston

(If nonresident, give city or town and State)

Length of stay: In place of death 3 1/2 years months days. In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

Sept. 24 - 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY That I attended deceased from

Oct. 58

to

Sept 24

1958

I last saw him alive on Sept. 24, 1958, death is said to

have occurred on the date stated above, at 8 p. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute cardiac dilation

(b) Due To Bacteria Endocarditis &amp;

blood stream infection

4 yrs

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Coronary thrombosis

1948

Was autopsy performed?

No

What test confirmed diagnosis? Lab + clinical

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Charles Meloni

M. D.

(Address)

305 Haven St East Boston

Date

Sept 24 1958

6 Holy Cross

Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Sept. 27

1958

7 NAME OF  
FUNERAL DIRECTOR

Vincent Rapino

ADDRESS

9 Chelsea St East Boston

Received and filed

SEP 26 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED Married

WIDOWED

or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

Josephine Servadio

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

72

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Retired

(Kind of work done during most of working life)

14 Industry

or Business:

Years

15 Social Security No.

(unknown)

16 BIRTHPLACE (City) Italy

(State or country)

17 NAME OF  
FATHER

Frank Lanney

18 BIRTHPLACE OF  
FATHER (City)

Italy

(State or country)

19 MAIDEN NAME  
OF MOTHER

Rose Ceglia

20 BIRTHPLACE OF  
MOTHER (City)

Italy

(State or country)

21

Informant

(Address)

Josephine Lanney

352 Bremen St East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

SEP 26 1950 PM



R-301A

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OR  
CERTIFICATEgiving  
OF DEATHnot enter  
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heart failure,  
etc. It means  
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100M-11-35-9181-43

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

## CERTIFICATE OF DEATH

Registered No. 187

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 7 Myflower Nursing Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Schichter  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, or  
if so specify WAR)(a) Residence. No. 89 Clark Ave  
(Usual place of abode)St. Chelsea  
(If nonresident, give city or town and State)

Length of stay: In place of death 3 years 3 months 1 days. In place of residence 3 years 3 months 1 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 25, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
Mar. 1955 to September 25, 1958I last saw him alive on September 25, 1958, death is said to  
have occurred on the date stated above, at 6:30 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
4 WKS.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Lobal Pneumonia

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS  
Parkinsons Disease 3 yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical 5 yrs

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) W. E. Greenfield, M. D.

(Address) Chelsea Date 9-26-1958

6 Aquiles Sholom Everett  
(Place of Burial or Cremation) (City or Town)

DATE OF BURIAL Sept 26, 1958

7 NAME OF FUNERAL DIRECTOR J. J. Turner Service Inc.

ADDRESS Chelsea

Received and filed SEP 26 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED10a If married, widowed or divorced  
HUSBAND of James Sklar  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years 1 Months 1 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation Contractor  
(Kind of work done during most of working life)

14 Industry or Business Building

15 Social Security No.

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Hershel Schichter

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Leah (CBL)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Israel Sklar  
(Address) 47 Garden St ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Walter E. Greenfield  
(Official Designation) 9/26/58  
(Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and forty-two, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

188

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME Overton (Male) infant

(If deceased is a married, widowed or divorced woman, give also maiden name.)

511 Saratoga

East Boston, Mass

(a) Residence. No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH SEPT 27 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
SEPT 27, 1958, to SEPT 27, 1958

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to

have occurred on the date stated above, at 12:30 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Still born -

Due To

Still born

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Domene Thomas Slaff

M. D.

(Address)

21 BREEZESTEP Date SEPT 27 1958

6 St. Mary's Cemetery Salem

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Sept. 30,

1958

7 NAME OF

FUNERAL DIRECTOR

William J. Dubiel

ADDRESS

64 Bridge St., Salem, Mass.

Received and filed

SEP 29 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

stillborn

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

none

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

Winthrop

(State or country)

Mass

17 NAME OF

FATHER

Al. Overton

18 BIRTHPLACE OF

FATHER (City)

Creswell

(State or country)

North Carolina

19 MAIDEN NAME

OF MOTHER

Gloria Tassinari

20 BIRTHPLACE OF

MOTHER (City)

East Boston

(State or country)

Mass

21

Informant

(Address)

Max Tassinari

511 Saratoga St., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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100M-11-55-916145

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 189

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

No. 37 Loring Road

{(If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Thomas Kelly  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 37 Loring Road  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 5 years months days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 28, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 1952, to September 1958  
I last saw him alive on 15 Sept 1958, death is said to  
have occurred on the date stated above, at 6 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

Sudden

15 yrs

15 yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Occlusion

Due To Arteriosclerotic Heart  
(b) DiseaseDue To  
(c)

OTHER SIGNIFICANT CONDITIONS Emphysema

Was autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur J. O'Maley M. D.

(Address) Winthrop, Mass. Date 29 Sept 1958

6 New Calvary Boston Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 1 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop, Mass.

Received and filed SEP 30 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed10a If married, widowed, or divorced  
HUSBAND of Mary A. Collins  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 years months days If under 24 hours  
Hours Minutes13 Usual Occupation Retired  
(Kind of work done during most of working life)

14 Industry or Business M.T.A. Power Dep't

15 Social Security No.  
16 BIRTHPLACE (City) Roscommon  
(State or country) Ireland

17 NAME OF FATHER Patrick Kelly

18 BIRTHPLACE OF FATHER (City)  
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Hanoria Lennon

20 BIRTHPLACE OF MOTHER (City)  
(State or country) Ireland21 Informant John T. Kelly  
(Address) North Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 9/30/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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ificates.

50M-5-57-920345

PLACE OF DEATH

Suffolk

(County)

Winthrop Mass

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

190

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}

2 FULL NAME Stella, (Male) Still born

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 23 Breed St.  
(Usual place of abode)

St. East Boston Mass

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 28 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
, 19, to , 19,I last saw h. alive on , 19, death is said to  
have occurred on the date stated above, at m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Still born

Due To COMPLETE PREMATURE  
(b) SEPARATION OF PLACENTADue To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) N. J. Rapino, M. D.

(Address) 371 Commonwealth Ave. Boston 1958

6 Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 3 1958

7 NAME OF FUNERAL DIRECTOR Anthony p. Rapino  
ADDRESS 9 Chelsea East Boston

Received and filed OCT 1 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Single  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop  
(State or country)

17 NAME OF FATHER -Ray Paul J. Stella

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country)

19 MAIDEN NAME OF MOTHER Adrian Zullo

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country)21 Informant Paul J. Stella  
(Address) 23 Breed st. East BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

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GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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50M-3-36-917573

X  
PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 191

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME Alice M (Weare) Benson

(If deceased is a married, widowed or divorced woman, give also maiden name.)

1 Bellevue Terr.

(a) Residence. No. St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 1 days. In place of residence 25 years months days.

## MEDICAL CERTIFICATE OF DEATH 1958

3 DATE OF DEATH SEPT 29 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
FEB, 1951, to 9/29, 1958I last saw her alive on 9/29, 1958, death is said to  
have occurred on the date stated above, at 8:40 P. M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) NEPHROSCLEROSIS WITH  
UREMIA 1 WK.Due To (b) ARTERIO SCLEROTIC  
HEART DISEASE 1 YR.

Due To (c) GENERAL ARTERIO-SCLEROSIS 5 YRS.

OTHER SIGNIFICANT CONDITIONS CARCINOMA OF CVX. 3 YRS.

Was autopsy performed? No.

What test confirmed diagnosis? CLINICAL.

5 Was disease or injury in any way related to occupation of deceased? No.  
If so, specify

(Signed) Myron H. King M. D.

(Address) 22 Pleasant St. date 9/24 1958  
WINTHROP6 Woodlawn Crematory Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 2 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Bennett  
ADDRESS Winthrop, Mass.

Received and filed OCT 1 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Widowed  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Henry W Benson  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years 7 Months 26 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 023-07-1613

16 BIRTHPLACE (City, State or country) Hieshla  
Ontario Canada

17 NAME OF FATHER Edward Weare

18 BIRTHPLACE OF FATHER (City, State or country) Leeds  
England

19 MAIDEN NAME OF MOTHER Julia Newton

20 BIRTHPLACE OF MOTHER (City, State or country) Leeds  
England21 Informant Cyril Benson  
(Address) 1 Bellevue Terr. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/1/58

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

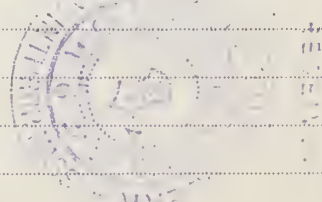
DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

OCT-11 1950 PM



Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-6-56-910227

The Commonwealth of Massachusetts		Revere	
EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		(City or Town making this return)	
<b>PLACE OF DEATH</b> <b>Suffolk</b> (County) <b>Revere</b> (City or Town)		<b>COPY OF CERTIFICATE OF DEATH</b> Registered No. <b>192</b>	
<b>No. Grover Manor Hospital</b>		St. (If death occurred in a hospital or institution, give its NAME instead of street and number)	
<b>2 FULL NAME</b> <b>George Wendell</b> (If deceased is a married, widowed or divorced woman, give also maiden name.)		(Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence. <b>46 Washington Ave.</b> (Usual place of abode)		<b>Winthrop</b> (If nonresident, give city or town and State)	
Length of stay: In place of death. <b>4</b> years <b>2</b> months <b>2</b> days. In place of residence. <b>4</b> years <b>2</b> months <b>2</b> days.			
<b>MEDICAL CERTIFICATE OF DEATH</b>			
<b>3 DATE OF DEATH</b> <b>September 29, 1958</b> (Month) (Day) (Year)			
<b>4 I HEREBY CERTIFY,</b> That I attended deceased from <b>May 27, 1958</b> , to <b>Sept. 29, 1958</b> I last saw <b>him</b> alive on <b>Sept. 29, 1958</b> , death is said to have occurred on the date stated above, at <b>10:05A.</b> m.			
<b>DEATH WAS CAUSED BY: IMMEDIATE CAUSE</b> <b>(a) Uremia</b>			
<b>Due To (b) Carcinoma of esophagus</b>			
<b>Due To (c)</b>			
<b>OTHER SIGNIFICANT CONDITIONS</b>			
<b>Was autopsy performed?</b> <b>no</b> <b>What test confirmed diagnosis?</b> <b>Pathology</b>			
<b>5 Was disease or injury in any way related to occupation of deceased?</b> <b>no</b> If so, specify			
<b>(Signed) James F. Burns</b> , M. D. <b>(Address) Broadway, Everett</b> Date <b>9/29, 1958</b>			
<b>6 Woodlawn Cemetery Everett</b> Place of Burial or Cremation (City or Town) <b>DATE OF BURIAL</b> <b>October 2, 1958</b>			
<b>7 NAME OF FUNERAL DIRECTOR</b> <b>Russell Shea</b> <b>ADDRESS</b> <b>512 Centre St., Jam. Plain</b>			
<b>Received and filed</b> <b>OCT 7 1958</b>			
(Registrar of City or Town where deceased resided)			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
<b>8 SEX</b> <b>Male</b>		<b>9 COLOR</b> <b>White</b>	
<b>10a If married, widowed, or divorced</b> <b>HUSBAND of</b>		<b>10 SINGLE (write the word)</b> <b>MARRIED</b> <b>WIDOWED</b> <b>or DIVORCED</b>	
<b>(or) WIFE of</b> (Husband's name in full)			
<b>11 IF STILLBORN, enter that fact here.</b>			
<b>12 AGE</b> <b>83</b> Years <b>0</b> Months <b>0</b> Days		<b>If under 24 hours</b> <b>Hours</b> <b>0</b> <b>Minutes</b> <b>0</b>	
<b>13 Usual Occupation:</b> <b>Retired</b> (Kind of work done during most of working life)			
<b>14 Industry or Business:</b> <b>Police Officer</b>			
<b>15 Social Security No.</b>			
<b>16 BIRTHPLACE (City) Boston</b> (State or country)			
<b>17 NAME OF FATHER</b> <b>George Wendell</b>			
<b>18 BIRTHPLACE OF FATHER (City)</b> <b>England</b> (State or country)			
<b>19 MAIDEN NAME OF MOTHER</b> <b>Cannot be learned</b>			
<b>20 BIRTHPLACE OF MOTHER (City)</b> <b>England</b> (State or country)			
<b>21 Informant</b> <b>Dan Whalen</b> <b>(Address)</b> <b>17 Levant St., Dorchester</b>			
<b>A TRUE COPY</b>			
<b>ATTEST:</b> (Registrar of City or Town where death occurred)			
<b>DATE FILED</b> <b>October 2, 1958</b>			

REC-1



OCT - 18 1953 AM

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

193

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Rose Dorris

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR.) No(a) Residence. No. 42 Irwin St.  
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 14 days. In place of residence 16 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 30, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 1956 to Sept 30, 1958I last saw her alive on Sept 30, 1958, death is said to  
have occurred on the date stated above, at 11:30 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Hypertensive - Coronary  
Artery Heart Disease 3yrs.

Due To Cardiac Decompensation 3mos

Due To Mesenteric Thrombosis 1wk

OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 5yrs.  
Cancer of Urinary Bladder 2yrs

Was autopsy performed? No

What test confirmed diagnosis? Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Liberman, M. D.

(Address) Winthrop Mass Date 9/30/1958

6 Burial Society Melrose  
Place of Burial Cremation (City or Town)

DATE OF BURIAL October 2, 1958

7 NAME OF FUNERAL DIRECTOR Joyanna Service Inc  
ADDRESS 151 Washington Ave Chelsea

Received and filed OCT 1 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED WIDOWED  
OR DIVORCED OR DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Charles Morris  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. None

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Jacob Butler

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER (C. B. X)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Charles Morris  
(Address) 42 Irwin St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

VJL

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or by from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons, not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

001-1950

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

25M-8-57-920750

PLACE OF DEATH

Suffolk  
(County)

Winthrop  
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

194

Registered No. ....

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME MYLES STANDISH  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran, W.W.I  
if so specify WAR)

(a) Residence. No. 196 Derby St., West Newton St. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 30 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)  
XX (Circulatory Arrest)

5 Accident, suicide, or homicide (specify)

Date and hour of injury .....19.....

Where did  
injury occur? .....  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in  
public place? .....  
(Specify type of place)

Manner of  
injury .....  
(How did injury occur?)

Nature of  
injury .....  
While at work? ..... Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify .....  
(Signed) Michael Phrongo, M. D.  
(Address) Boston Date 10/1 1958

7 Newton Newton  
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Oct. 3 1958

8 NAME OF FUNERAL DIRECTOR Thomas J. Lyons

ADDRESS 1479 Washington St. Boston

Received and filed OCT 2 1958

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Male 10 COLOR OR RACE White 11 SINGLE (write the word)  
MARRIED Single  
WIDOWED  
or DIVORCED

11a If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 62 Years - Months - Days If under 24 hours  
Hours - Minutes

14 Usual Occupation: Billiard Table Mechanic  
(Kind of work done during most of working life)

15 Industry or Business: Bugg & Billiard Co

16 Social Security No. 1033-26-4535

17 BIRTHPLACE (City) Newton  
(State or country) Mass.

18 NAME OF FATHER Arthur Standish

19 BIRTHPLACE OF FATHER (City) Springfield  
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Anderson

21 BIRTHPLACE OF MOTHER (City) Not known  
(State or country) Not known

22 Informant (Address) Margaret J. O'Neill  
110 Bowdoin St. W. Newton

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/2/58

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .... General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homieidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

4-27-18

DATE OF DISCHARGE

6-9-19

RANK, RATING

Priv.

ORGANIZATION AND OUTFIT

Co 7

302nd Inf. U. S. Army

SERVICE NUMBER

1693254

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-6-56-916227

1 PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

COPY OF  
CERTIFICATE OF DEATH

Registered No.

195

No. Danvers State Hosp., Hathorne, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace Valliere

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 7 Temple Ave., Winthrop, Mass.

St.

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 28, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1958, to Sept. 28, 1958

I last saw him alive on Sept. 28, 1958, death is said to

have occurred on the date stated above, at 5:10a. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cirrhosis of Liver

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

yrs.

Due To

(b)

Due To

(c)

OTHER SIGNIFICANT CONDITIONS Hemorrhage of Stomach - days  
Sen. Arteriosclerosis yrs.

Was autopsy performed? Clinical & Laboratory

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Andrew Nichols, III

M. D.

(Address) Hathorne, Mass. Date 9/28/58

Winthrop Cem., Winthrop, Mass.

6 Place of Burial or Cremation XXXX Oct. 1, (City or Town) 58

DATE OF BURIAL

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop, Mass

Received and filed OCT 20 1958

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED Married  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of Margaret E. Sullivan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Unable to work

(Kind of work done during most of working life)

14 Industry

or Business:

unk.

15 Social Security No.

Springfield

16 BIRTHPLACE (City)

(State or country)

Mass.

17 NAME OF FATHER

Aristide Valliere

18 BIRTHPLACE OF FATHER (City)

(State or country)

Springfield

Mass.

19 MAIDEN NAME OF MOTHER

(State or country)

Josephine Benoit

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Springfield

Mass.

21

Informant

(Address)

Mary E. Sheehan

Hathorne, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

Oct. 1,

19 58

OCT 8 1967

R-301A

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## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



## STANDARD

## CERTIFICATE OF DEATH

Registered No. 196

No. 104 Highland Ave Mount Pleasant Home St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth V. Hart  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 59 Winthrop St. St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death... years... 1 months... 24 days. In place of residence... 7 years... months... days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 2, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Feb. 18, 1958, to October 1, 1958  
I last saw her alive on Oct. 1, 1958, death is said to  
have occurred on the date stated above, at 9:30 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease 5 yrs.

(b) Generalized Arteriosclerosis over 5 yrs

(c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Clinical Findings5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Thos F. Collins M. D.

(Address) 27 Bennington St., Date Oct. 3, 1958  
Revere 51, Mass.6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 4, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop Mass

Received and filed OCT 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Aloysius A. Hart  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 If under 24 hours  
Years... Months... Days... Hours... Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No.  
16 BIRTHPLACE (City) Boston Mass  
(State or country)

17 NAME OF FATHER Martin Ryan

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Disken

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Margaret Ryan  
(Address) 59 Winthrop St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/3/58

V.H.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

OCT - 21 1953 IN

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

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50M-1-58-921876

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

197

No. 39 Grovers Ave Mayflower Rest Home St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Frank J. Brady  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No(a) Residence. No. 578 Boulevard St. Revere  
(Usual place of abode) (Non resident, give city or town and State)Length of stay: In place of death \_\_\_\_\_ years 2 months 25 days. In place of residence \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 5, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 1, 1957, to October 5, 1958I last saw him alive on October 4, 1958, death is said to  
have occurred on the date stated above, at 7:45 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH5 days

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchial PneumoniaDue To  
(b) \_\_\_\_\_Due To  
(c) \_\_\_\_\_OTHER SIGNIFICANT CONDITIONS Arteriosclerosis and Diabetes Mellitus Several  
YearsWas autopsy performed? NoWhat test confirmed diagnosis? Clinical Findings5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_(Signed) John F. Collins, M. D.(Address) Revere House Date 6 Oct 586 Forest Dale Malden  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct 7, 1958 197 NAME OF FUNERAL DIRECTOR Leslie W. Pike  
ADDRESS 305 Beach Street RevereReceived and filed Oct 7 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Single  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years 4 Months 3 Days  
If under 24 hours  
\_\_\_\_ Hours \_\_\_\_ Minutes13 Usual Occupation: Salesman  
(Kind of work done during most of working life)14 Industry  
or Business: \_\_\_\_\_15 Social Security No. 034 - 03 - 883116 BIRTHPLACE (City) Boston Mass  
(State or country)17 NAME OF FATHER Thomas F. Brady18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) New York19 MAIDEN NAME OF MOTHER Josephine Scott20 BIRTHPLACE OF MOTHER (City) Sandwich  
(State or country) Mass21 Informant Ruth J. Brady  
(Address) 578 Boulevard RevereI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health of other)

(Official Designation)

(Date of Issue of Permit) 10/6/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

R-301A

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

198

No. 25 Sargent Street

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Millard Llewellyn Drake

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, NO.  
if so specify WAR)

(a) Residence. No. 25 Sargent Street

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 44 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 6 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
April 27, 1958, to October 6, 1958  
I last saw him alive on Oct. 4, 1958, death is said to  
have occurred on the date stated above, at 6-40 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) coronary occlusion

instant

Due To arteriosclerotic heart

(b)

years

Due To auricular fibrillation

(c)

years

OTHER  
SIGNIFICANT  
CONDITIONS

none

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify no

/ (Signed) B. W. Hutchinson, M. D.

(Address) 89 Somerset Ave. Date 10-7-58

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 9, 1958

7 NAME OF  
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

OCT 11 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
or DIVORCED

male white

10a If married, widowed, or divorced

HUSBAND of Albertine Cecelia Bohm  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 86 Years 1 Months 12 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: retired owner

(Kind of work done during most of working life)

14 Industry

or Business: retail furniture store

15 Social Security No. 022-03-8241

16 BIRTHPLACE (City)

(State or country) Kansas

17 NAME OF

FATHER Semandel Drake

18 BIRTHPLACE OF

FATHER (City)

(State or country) Maine

19 MAIDEN NAME

OF MOTHER Evelyn Frohock

20 BIRTHPLACE OF

MOTHER (City)

(State or country) Maine

21

Informant

(Address) Mrs. Millard L. Drake  
25 Sargent St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

R-301A

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50M-5-56-917573

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 199

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}

2 FULL NAME Marie (Tirrell) Reilly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO

(a) Residence. No. 11 Bellevue Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years 7 months 7 days. In place of residence years 4 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 7 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
July 5, 1957 to October 7, 1958I last saw her alive on October 6, 1958, death is said to  
have occurred on the date stated above, at 9:30 am.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer Metastatic- Carcinoma  
of Lungs

1 yr.

Due To (b) Carcinoma of Breast

4 yrs.

Due To (c)

OTHER SIGNIFICANT CONDITIONS None

Was autopsy performed? No

What test confirmed diagnosis? Pathological Examinations and X-Rays

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F. Green, M. D.

(Address) 27 Bennington St., Date Oct. 9 1958  
Revere 51, Mass.6 WINTHROP WINTHROP  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCT. 10 1958

7 NAME OF FUNERAL DIRECTOR Maurice W. Ruby  
ADDRESS 210 WINTHROP ST WINTHROP

Received and filed OCT 10 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX FEMALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED MARRIED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of FRANCIS D REILLY  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 41 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: OPERATOR  
(Kind of work done during most of working life)

14 Industry or Business: N. E. TEL &amp; TEL

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP  
(State or country) MASS

17 NAME OF FATHER HENRY E TIRRELL

18 BIRTHPLACE OF FATHER (City) BOSTON  
(State or country) MASS

19 MAIDEN NAME OF MOTHER ALICE T. HARRINGTON

20 BIRTHPLACE OF MOTHER (City) SONERVILLE  
(State or country) MASS21 Informant FRANCIS D REILLY  
(Address) 11 BELLEVUE AVE WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF THE  
COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

R-301A

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50M-5-56-917573

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

## CERTIFICATE OF DEATH

Registered No.

200

No. WINTHROP COND. HOME PLEASANT ST. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Foran (If deceased is a married, widowed or divorced woman, give also maiden name.)

(PHYSICIAN — IMPORTANT)  
(Was deceased a U. S. War Veteran, if so specify WAR) NO

(a) Residence. No. 23 BANKS ST St. (If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 4 days. In place of residence 47 years 4 months 4 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 14 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from Sept. 19, 1952 to Oct. 14, 1958  
I last saw him alive on Oct 12, 1958, death is said to have occurred on the date stated above, at 4:20 PM.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocardial Heart Disease

Due To (b) arteriosclerosis  
generalized

Due To (c) \_\_\_\_\_

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
years  
yr.OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? NO

What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased no  
If so, specify \_\_\_\_\_

(Signed) Joseph Eugene, M. D.(Address) St. Mary's Newbury Port Date 10-14 1958

6 ST. MARY'S NEWBURY PORT  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Sept. 19, 1958 1958

7 NAME OF FUNERAL DIRECTOR MAURICE KIRBY

ADDRESS 210 Winthrop StReceived and filed OCT. 15, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word) WIDOWED  
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of ANNE J. READY  
(Give maiden name of wife in full)

(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 91 Years 0 Months 0 Days If under 24 hours 0 Hours 0 Minutes

13 Usual Occupation: SALESMAN  
(Kind of work done during most of working life)

14 Industry or Business: DEPT. STORE

15 Social Security No. 015-10-0000

16 BIRTHPLACE (City) IRELAND  
(State or country)

17 NAME OF FATHER DANIEL FORAN

18 BIRTHPLACE OF FATHER (City) IRELAND  
(State or country)

19 MAIDEN NAME OF MOTHER MARIA COFFEY

20 BIRTHPLACE OF MOTHER (City) IRELAND  
(State or country)

21 Informant MARGARET COFFIN  
(Address) 23 BANKS ST WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Surraney  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 10/10/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

X

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Mayflower Nursing Home

2 FULL NAME John Kimball

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 T Wharf

(Usual place of abode)

Boston Mass

(If nonresident, give city or town and State)

Length of stay: In place of death. years 2 months 19 days. In place of residence 24 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 15 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Sept 10 1958, to Oct 12 1958  
I last saw him live on Oct 12 1958 death is said to

have occurred on the date stated above, at 10 A. m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Ventricular flutter

Due To myocardial disease

Due To  
(c)

OTHER SIGNIFICANT CONDITIONS complete heart block

Was autopsy performed? no

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) H. B. Kimball M. D.

(Address) 447 Shirley St. Winthrop Date Oct 15 1958

6 Woodlawn Crematory, Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 17, 1958

7 NAME OF FUNERAL DIRECTOR Ernest P. Caggiano  
ADDRESS 147 Winthrop St., Winthrop

Received and filed. 16 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 201

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED marrie10a If married, widowed, or divorced  
HUSBAND of Maria Chase Grey  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years 1 Months 25 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Broker  
(Kind of work done during most of working life)

14 Industry or Business: Cotton &amp; Wool

15 Social Security No.  
16 BIRTHPLACE (City) Ellenville  
(State or country) New York

17 NAME OF FATHER Walter B. Kimball

18 BIRTHPLACE OF FATHER (City) Boxford  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Josephine Fischer

20 BIRTHPLACE OF MOTHER (City) Unknown  
(State or country) New York21 Informant Mrs. Maria Grey Kimball  
(Address) 25 T Wharf, BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit) 10/16/58

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician, or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and four-  
t-e n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

R-301A

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OR  
CERTIFICATE

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s to print or  
cause or  
death on  
ificates.

100M-11-55-916145

X

PLACE OF DEATH

1

Suffolk  
(County)  
Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 202

No. Bay View Nursing Home St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Norman Peter MacWhinnie (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) None

(a) Residence. No. 104 Madison Ave. St. Wakefield (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 21 days. In place of residence 5 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH THURS OCT 16 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
SEPT 26, 1958, to OCT 16, 1958I last saw him alive on OCT 16, 1958, death is said to  
have occurred on the date stated above, at 350 P. M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSIS

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 Mo.

Due To CARCINOMA OF LEFT LUNG 15 mo.

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS NONEWas autopsy performed? No.  
What test confirmed diagnosis? Gungy July 19575 Was disease or injury in any way related to occupation of deceased? No  
If so, specify.

(Signed) J. H. King M. D.

(Address) 220 Pleasant St. Date Oct 17 1958

6 Calvary E. Woburn Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL OCT 20, 1958

7 NAME OF FUNERAL DIRECTOR HAROLD A Mc Mann

ADDRESS 37 Richardson Ave Wakefield

Received and filed OCT 17 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
MALE WHITE MARRIED  
or DIVORCED WIDOWED10a If married, widowed, or divorced  
HUSBAND of Esther Gallagher  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 56 Years 10 Months 1 Days If under 24 hours  
Hours Minutes13 Usual Occupation: MILKMAN  
(Kind of work done during most of working life)

14 Industry or Business: MILK DAIRY CO.

15 Social Security No. 020-07-0353

16 BIRTHPLACE (City) JARMOATH  
(State or country) NOVA SCOTIA

17 NAME OF FATHER Albert MacWhinnie

18 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)

19 MAIDEN NAME OF MOTHER Annie Muise

20 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)21 Informant MRS Edward F Grace Jr.  
(Address) 104 Madison Ave, WakefieldI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or Agent)

Health Officer 10/17/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include, not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal; or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 203

PLACE OF DEATH

(County)

Winthrop

(City or Town)

No. Mount's Nursing Home

2 FULL NAME Bertha Goober  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no

(a) Residence. No. 24 Sea Foam Ave.  
(Usual place of abode)

St. Winthrop  
(If nonresident, give city or town and State)

Length of stay: In place of death... years... months... days. In place of residence... 34 years... months... days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 21 1958.  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
April 1956 to Oct. 10, 1958  
I last saw her alive on Oct. 9, 1958, death is said to

have occurred on the date stated above, at 5:45 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Colon 6 1/2 yrs.

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS None.

Was autopsy performed? No

What test confirmed diagnosis Clinical and pathological

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Charles Lieberman, M. D.

(Address) Winthrop, Mass. Date 10/21/58

6 Jewish Peoples Fuller St. Everett  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 10-22-58 19

7 NAME OF FUNERAL DIRECTOR B. Schlossberg & Sons

ADDRESS 1257 Blue Hill Ave. Matt.

Received and filed OCT 21 1958 19

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX female 9 COLOR white 10 SINGLE (write the word)  
MARRIED  
WIDOWED married  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Harry Goober  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. none

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Jacob.. Kranetz

18 BIRTHPLACE OF

FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Sarah (c.n.b.l)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

21 Informant Harry Goober  
(Address) 24 Sea Foam Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Sweeney  
(Signature of Agent of Board of Health or other)  
Health Officer 10/21/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without present medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 224 Lincoln St.



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 204

2 FULL NAME John H. Egan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 224 Lincoln St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 22, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from Aug 1948 to Present (Date) 10/22/58  
I last saw him alive on 10/22/58, death is said to

have occurred on the date stated above, at 7:00 PM.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral Hemorrhage

INTERVAL  
BETWEEN  
ONSET AND  
DEATH15(?)  
years

Due To (b) Hypertension

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Clinical Signs5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Daniel J. O'Malley, M. D.

(Address) Winthrop. Date Oct 23, 1958

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 25, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley

ADDRESS Winthrop Mass

Received and filed OCT 27 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED Married

10a If married, widowed, or divorced  
HUSBAND of Gertrude E. Cushing  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 72 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Retired Linotyper  
(Kind of work done during most of working life)

14 Industry or Business Newspaper

15 Social Security No.  
16 BIRTHPLACE (City) Brookline  
(State or country) Mass

17 NAME OF FATHER John W. Egan

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Annie E. Buckley

20 BIRTHPLACE OF MOTHER (City) Three Rivers  
(State or country) Quebec Canada21 Informant Gertrude E. Egan  
(Address) 224 Lincoln St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Silsbee  
(Signature of Agent of Board of Health or other)  
Health Officer 10/24/58  
(Official Designation) (Date of Issue of Permit)

J.B. ✓

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop, Mass.

(City or Town)

No.

WINTHROP COM. HOSP.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

BABY CONNOLLY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No.

11 MARYLAND AVE

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Oct. 24, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Oct. 24, 1958

, 19

I last saw h alive on 10-24-58, 19, death is said to

have occurred on the date stated above, at 5:30 a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Stillborn

Due To

(b) Congenital absence anterior abdominal wall

Due To

(c) Eventration of abdominal contents

OTHER SIGNIFICANT Absence right leg CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis? Clinical and Lab.

5 Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed)

(Address)

Date 10/25/58

M. D.

6 WINTHROP

WINTHROP

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

OCT. 27

1958

7 NAME OF

FUNERAL DIRECTOR

Manuel P. Ruby

ADDRESS

Wintthrop Mass

Received and filed

OCT 27 1958

19

(Registrar)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No.

205

PHYSICIAN - IMPORTANT

(Was deceased a U. S. War Veteran, if so specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED SINGLE

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

Stillborn

12

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

(Kind of work done during most of working life)

14 Industry

or Business:

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

WINTHROP MASS

17 NAME OF

FATHER

ANDREW P CONNOLLY

18 BIRTHPLACE OF

FATHER (City)

(State or country)

SOMERVILLE MASS

19 MAIDEN NAME

OF MOTHER

MARY F GRIFFIN

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

BROOKLINE MASS

21

Informant

(Address)

ANDREW P CONNOLLY  
11 MARYLAND AVE WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Health Officer 10/27/58

(Official Designation)

(Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-3-36-917373

PLACE OF DEATH

1

Suffolk  
(County)  
Winthrop  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or Its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

206

No. Mayflower Nursing Home (If death occurred in a hospital or institution, St. [give its NAME instead of street and number])

2 FULL NAME Harris Rood (If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 172 Chestnut St. Chelsea (If nonresident, give city or town and State)

Length of stay: In place of death — years — months 2 days. In place of residence 50 years — months — days.

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, W  
if so specify WAR)

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 27 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
19—, to 19—,I last saw h. alive on —, 19—, death is said to  
have occurred on the date stated above, at 7:30A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

6 mos

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of StomachDue To Status post gastrectomy 1 mo.  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? NoWhat test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Charles Liberman, M. D.(Address) Winthrop, Mass. Date 10/27/19586 Thomas H. Giedel, Burial Christie  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Oct 27 19587 NAME OF FUNERAL DIRECTOR Joy M. L. R. R. R.  
ADDRESS ChelseaReceived and filed OCT 27 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Rose Chrysler  
(Give maiden name of wife in full)(or) WIFE of —  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 52 Years — Months — Days If under 24 hours  
— Hours — Minutes13 Usual Occupation: Sorter  
(Kind of work done during most of working life)14 Industry or Business: Wool Wool15 Social Security No. —16 BIRTHPLACE (City) Russia  
(State or country)17 NAME OF FATHER Samuel Rood18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)19 MAIDEN NAME OF MOTHER C. B. L.20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Sarah John  
(Address) 172 Chestnut St. ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Walter C. Liberman  
(Signature of Agent of Board of Health or other)Health Office 10/27/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 207

No. Winthrop Community Hospital (If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Fernald, Baby Boy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 148 Boston Ave. St. Somerville  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 10 29 58  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Oct. 29, 1958, to Oct 29, 1958  
I last saw h alive on Still Born, 19, death is said to  
have occurred on the date stated above, at 10 49 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Still Born.

Due To SubARACHNOID Hemorrhage min.

Due To Fracture LEFT SIDE Skull. min.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? YES

What test produced diagnosis?

5 Was disease or injury in any way related to occupation of deceased? NA  
If so, specify

(Signed) D. Thomas Staffieri, M. D.

(Address) 21 BREEDSTED Date Oct 29 1958

6 CAMBRIDGE CATHOLIC Cem. CAMBRIDGE  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL 10/30/58 19

7 NAME OF FUNERAL DIRECTOR DANIEL F. O'BRIEN

ADDRESS CAMBRIDGE MASS

Received and filed 31 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. Stillborn

12 AGE Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) WINTHROP MASS  
(State or country)

17 NAME OF FATHER GORDON FERNALD

18 BIRTHPLACE OF FATHER (City) CAMBRIDGE  
(State or country) MASS

19 MAIDEN NAME OF MOTHER MARY E. HANE

20 BIRTHPLACE OF MOTHER (City) SOMERVILLE  
(State or country) MASS

21 Informant (Address) GORDON FERNALD  
148 BOSTON AVE SOMERVILLE

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health of other)

Health Officer 10/30/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



STANDARD

## CERTIFICATE OF DEATH

Registered No. 208

No. 52 Washington Avenue, Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William A. Flynn

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, WW I  
if so specify WAR)(a) Residence. No. 52 Washington Avenue, Winthrop St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death 3 years months days. In place of residence 30 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 30 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 1955, to Oct 30 1958  
I last saw him alive on Oct 29 1958 death is said to  
have occurred on the date stated above, at 11:30 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

days.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia.

Due To SENILITY

Due To  
(c)OTHER SIGNIFICANT CONDITIONS  
GEN. DEBILITY

Mos.

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) D. Thomas Staffier M. D.

(Address) 21 BEECH ST. Date Oct 31 1958

6 Holy Cross Cemetery, Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 3rd 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed. 10/31/58 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Mary J. Powers  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 1 Months 12 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Guard  
(Kind of work done during most of working life)

14 Industry or Business: M.I.T.

15 Social Security No. 031-05-6264

16 BIRTHPLACE (City) East Boston  
(State or country) Mass.

17 NAME OF FATHER William J. Flynn

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Dora E. Hankard

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass21 Informant Mrs. Mary J. Flynn-wife  
(Address) 52 Washington Ave., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 10/31/58  
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

1

R-301A

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100M-11-35-916145

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original, interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

7/30/18  
7/30/18

5/3/19

Sergeant U.S.A.

42nd Guard & Fire Co.

2755466

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)



## STANDARD

## CERTIFICATE OF DEATH

Registered No. 209

No. 41 Washington Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Roge A. Toland  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 490 Pleasant St.  
(Usual place of abode) St. (If nonresident, give city or town and State)

Length of stay: In place of death 1 years 1 months 1 days. In place of residence 1 years 1 months 1 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 31, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
9 October 1958, to 31 October 1958  
I last saw her alive on 30 October, 1958, death is said to  
have occurred on the date stated above, at 1 P. M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cardiovascular Renal Disease 10 yrs

Due To  
(b) Generalized Arteriosclerosis 10 yrsDue To  
(c)OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) Arthur C. O'Malley M. D.  
(Address) Winthrop Mass date 1 Nov 19586 Holy Cross Malden, Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 3, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Malley  
ADDRESS Winthrop, Mass.

Received and filed NOV 3 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 85 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Retired Matron  
(Kind of work done during most of working life)

14 Industry or Business: City of Boston

15 Social Security No.  
16 BIRTHPLACE (City) Boston Mass  
(State or country)

17 NAME OF FATHER Bernard Toland

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Bradley

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Mrs. John Campbell  
(Address) 490 Pleasant St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Signature of Agent of Board of Health or other  
H.O. (Official Designation) NOV 3 1958 (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

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A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do, from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Bay View Nursing Home

2 FULL NAME Margaret Ward

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 41 Washington Ave.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 9 years months days. In place of residence 9 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct 31 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from August 18, 1958, to Oct 31, 1958, 19

I last saw her alive on Oct 30, 1958, death is said to have occurred on the date stated above, at 12:20 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 days

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Myocarditis (Senile)

Due To (b) (Senility) Terminal bronchopneumonia

4 days

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Clinical Signs5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Daniel J. Cronin, M. D.

(Address) Winthrop Date Oct 31 1958

6 Winthrop Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL Nov. 4 19 58

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed NOV 3 1958

19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 210

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years 6 Months 24 Days If under 24 hours  
Hours Minutes13 Usual Occupation: At home  
(Kind of work done during most of working life)

14 Industry or Business: None

15 Social Security No. None

16 BIRTHPLACE (City) St. John  
(State or country) New Brunswick

17 NAME OF FATHER John Ward

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Margaret Madden

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant Records O.A.A.  
(Address) Winthrop, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

140. (Official Designation) 11/3/58 (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

RM R-301A

INSTRUCTIONS  
FOR  
CERTIFICATE

In giving  
OF DEATH

to not enter  
re than one  
se for each  
, (b) and (c)

s does not mean  
ode of dying,  
is heart failure,  
a, etc. It means  
ease, or compli-  
which cause

itions, if any,  
gave rise to  
cause (a),  
the under-  
cause last.

ditions contrib-  
o death but not  
to the terminal  
condition given

Chapter 137,  
1954, requires  
plans to print or  
the cause or  
of death on  
certificates.

PLACE OF DEATH

Suffolk  
(County)

Boston  
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 07564

No. Boston Lying-in Hospital St. (If death occurred in a hospital or institution  
give its NAME instead of street and number)

2 FULL NAME BABY GIRL VIDEAU  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 469 Shirley St. Winthrop Mass  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 7 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
August 7, 1958, to August 7, 1958  
I last saw h alive on , 19 , death is said to  
have occurred on the date stated above, at 11:40 a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Erythroblastosis Fetalis

Due To RH Sensitivity  
(b)

Due To Prematurity 31 wks.  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) Duncan & Need, M. D.

(Address) 221 Longwood Ave. Date August 8 1958

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 8, 1958

7 NAME OF FUNERAL DIRECTOR Ernest C. Caggiano  
ADDRESS 147 Winthrop St. Winthrop

Received and filed AUG 11 1958  
Charles H. Mackin (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Single  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) Boston, Mass.  
(State or country)

17 NAME OF FATHER Pierre Videau

18 BIRTHPLACE OF FATHER (City) Paris, France  
(State or country)

19 MAIDEN NAME OF MOTHER Paulette San Souci

20 BIRTHPLACE OF MOTHER (City) Woonsocket, Rhode Island  
(State or country)

21 Informant Boston Lying-in Hospital  
(Address) 221 Longwood Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of de  
was filed with me BEFORE the burial or transit permit was issued

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

50M-5-57-920345

25 1958

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar



NOV 25 1958

## The Commonwealth of Massachusetts

Suffolk

(County)

Boston

(City or Town)

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

07736

No. Peter Bent Brigham Hospital

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME (Mr.) John Henry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence, No. 108 Winthrop  
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 6 days. In place of residence 31 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH August 12 1958  
(Month) (Day) (Year)WE HEREBY CERTIFY, That we attended deceased from  
Aug. 6 1958 to Aug. 12 1958  
We last saw him alive on August 12, 1958, death is said to  
have occurred on the date stated above, at 3:00 A. m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 Wks

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS Carcinoma Right Lung

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed)

P. Bent Brigham Hosp Date Aug. 12 1958

6 Woodlawn (Cremation) Everett Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL August 15, 1958 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

AUG 15 1958

Charles H. Inacke

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
OR DIVORCED10a If married, widowed, or divorced  
HUSBAND of Florence Mae Tewksbury  
(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 75 Years 10 Months 27 Days

If under 24 hours  
Hours Minutes13 Usual Occupation: Moving and Storage  
(Kind of work done during most of working life)

14 Industry or Business: Moving and Storage

15 Social Security No. 013 287 347

16 BIRTHPLACE (City) St. John, New Brunswick  
(State or country) Canada

17 NAME OF FATHER Mr. Henry

18 BIRTHPLACE OF FATHER (City) Unknown  
(State or country)

19 MAIDEN NAME OF MOTHER Unknown

20 BIRTHPLACE OF MOTHER (City) Unknown  
(State or country)21 Informant Mrs. Florence Henry (wife)  
(Address) 108 Winthrop St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

8984  
(Official Designation)August 13 1958  
(Date of Issue of Permit)

R/301A

PLACE OF DEATH

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)ors not mean  
of dying,  
heart failure,  
etc. It means  
e, or compli-  
which causedns, if any,  
ave rise to  
cause (a),  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
condition givenChapter 137,  
1954, requires  
to print or  
e cause or  
of death on  
ificates.

BOM-5-57-920345

2 1958

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

RECEIVED



NOV 25 1958 AM

## The Commonwealth of Massachusetts

213

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

PLACE OF DEATH

Suffolk

(County)

Dorchester

(City or Town)



STANDARD

CERTIFICATE OF DEATH

Registered No. 8003

No. CARNEY HOSPITAL

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

PAUL J MURPHY

(If deceased is a married, widowed or divorced woman give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, if so specify WAR) W.W.2

(a) Residence. No.

16 Maryland Ave

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 10 days. In place of residence 4 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATHAug 21 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

8/11, 1958, to 8/21, 1958

I last saw him alive on 8/21, 1958, death is said to

have occurred on the date stated above, at 2:50 P.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIAC FAILURE

Due To (b) Hypertensive Heart Disease

Due To (c) Periarthritis Nodosa

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis? Biopsy PM

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Andre' Person, M. D.

(Address) Carney Date 8/21 1958

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Aug. 25. 1958

7 NAME OF  
FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St. E. Boston

Received and filed AUG 25 1958

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

M

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED Married  
or DIVORCED

10a If married, widowed or divorced

HUSBAND of Audrea Sullivan

Edith A.

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 41 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: School Teacher

(Kind of work done during most of working life)

14 Industry  
or Business:

Boston Schools

15 Social Security No. 021-01-4932

16 BIRTHPLACE (City)

Boston

(State or country)

Mass.

17 NAME OF  
FATHER

Timothy F. Sullivan

18 BIRTHPLACE OF

FATHER (City) Boston

(State or country)

Mass.

19 MAIDEN NAME  
OF MOTHER

Mary F. Callahan

20 BIRTHPLACE OF

MOTHER (City) Boston

(State or country)

Mass.

21

Informant Mrs. Audrea Murphy

(Address) 16 Maryland Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V.B.C.

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

NOV 2 1905

IR-301A

INSTRUCTIONS  
FOR  
CERTIFICATEgiving  
OF DEATHnot enter  
than one  
for each  
(b) and (c)does not mean  
of dying,  
heart failure,  
etc. It means  
or compli-  
which causedms. if any,  
ave rise to  
cause (a).  
the under-  
cause last.ions contrib-  
death but not  
the terminal  
dition givenChapter 137,  
1954, requires  
as to print or  
cause or  
death on  
ificates.

50M-5-57-920345

2 1958

The Common

of Boston

214

Suffolk

(County)

East Boston

(City or Town)

ED-  
SECRETARY  
DIVISION

S.

CERTIFICATE

DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.Registered No. **8418**No. **26 Marion St.**2 FULL NAME **Augustine S. Gannon**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **26 Marion St.**

(Usual place of abode)

St. **East Boston**

(If nonresident, give city or State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **September 3, 1958**  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I <sup>attended</sup> deceased from  
**viewed**  
19 to 19I last saw him alive on 19, death is said to  
have occurred on the date stated above, at **4.30 a.m.**INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
**1 day**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Acute coronary  
occlusion**

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) **D. L. Melvin**, M. D.(Address) **Boston Health Dept** Date **9/3** 19 **58**6 **Winthrop** **Winthrop**Place of Burial or Cremation **Sept. 6** (City or Town)DATE OF BURIAL 19 **58**7 NAME OF FUNERAL DIRECTOR **Frederick J. Magrath**ADDRESS **East Boston**Received and filed **SFD 9 1958** 19**Charles H. Mackie** (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX  
**male**9 COLOR  
**white**10 SINGLE (write the word)  
**MARRIED married**  
or WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of **Helen E. Burke**  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **63** Years Months Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: **Paul Commissioner**  
(Kind of work done during most of working life)14 Industry or Business: **self employed**15 Social Security No. **014-30-9377**16 BIRTHPLACE (City)  
(State or country) **Chelsea, Mass.**17 NAME OF FATHER **Timothy Gannon**18 BIRTHPLACE OF FATHER (City)  
(State or country) **Chelsea Mass.**19 MAIDEN NAME OF MOTHER **Mary M. Quinn**20 BIRTHPLACE OF MOTHER (City)  
(State or country) **Roxbury Mass.**21 Informant (Address) **Helen E. Gannon**  
**26 Marion St. East Boston**I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

~~Witnessed~~

NOV 11 1897

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-(7)-10-48-24658

PLACE OF DEATH

MIDDLESEX  
(County)

NEWTON

(City or Town)

No. 36 Brandeis Rd.

2 FULL NAME Helen V. Soney (Collins)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Moore St.,  
(Usual place of abode)St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 564 215

{ (Was deceased a  
U. S. War Veteran. No  
if so specify WAR)St. Winthrop, Mass.  
(If nonresident, give city of town and State)

Length of stay: In place of death.....years.....months...4.....days. In place of residence.....years.....1.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 3, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Essential Hypertension  
Acute pulmonary edema secondary  
to congestive heart failure  
found dead

5 Accident, suicide, or homicide (specify).....

Date and hour of injury.....19.....

Where did  
Injury occur?.....  
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public  
place?.....  
(Specify type of place)Manner of  
Injury.....  
(How did injury occur?)Nature of  
Injury.....

While at work?.....Was autopsy performed? No

6 Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Peter Angelo M. D.

(Address) Waltham, Mass. Date Oct. 3, 1958

7 Holy Cross Malden  
Place of Burial, or Cremation Oct. 6, 1958 (City or Town)

DATE OF BURIAL.....19.....

8 NAME OF FUNERAL DIRECTOR Richard C. Kirby

ADDRESS 917 Bennington St., E.B.

Received and filed.....19.....

(Registrar of City or Town where deceased resided)

## The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICSCOPY OF  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

NEWTON

(City or town making return)

St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

Registered No. 564 215

{ (Was deceased a  
U. S. War Veteran. No  
if so specify WAR)St. Winthrop, Mass.  
(If nonresident, give city of town and State)

Length of stay: In place of death.....years.....months...4.....days. In place of residence.....years.....1.....months.....days.

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE White 11 SINGLE MARRIED (write the word)  
WIDOWED or DIVORCED

11a If married, widowed, or divorced

HUSBAND of.....  
(Give maiden name of wife in full)(or) WIFE of Edward Soney  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 68 Years 11 Months 3 Days If under 24 hours  
Hours.....Minutes14 Usual Occupation Nurse Practical  
(Kind of work done during most of working life)

15 Industry or Business Hospital Nursing

16 Social Security No. Cannot be learned

17 BIRTHPLACE (City) Boston, Mass.  
(State or country)

18 NAME OF FATHER George Collins

19 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

20 MAIDEN NAME OF MOTHER Margaret Howard

21 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.22 Informant Mrs. Benadette Rouillard  
(Address) 15 Moore St., Winthrop, Mass.

A TRUE COPY Monte R. Boobas

ATTEST: (Registrar of City or Town where death occurred)

October 7, 1958

DATE FILED.....19.....

RECEIVED



NOV 11 1964

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-305

25m-(h)-10-48-24658

X

1 PLACE OF DEATH

Middlesex

(County)

Everett

(City or Town)



# The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

EVERETT

(City or town making return)

Registered No. ....

216

No. 80 Jefferson Ave.

(If death occurred in a hospital or institution, St. { give its NAME instead of street and number)

2 FULL NAME Henry L. Murphy  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased U. S. War Veteran, if so specify WAR) NY 1 & 2

(a) Residence. No. 59 Winthrop  
(Usual place of abode)

Winthrop

St. 20  
(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 4, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary Thrombosis

5 Accident, suicide, or homicide (specify).....

Date and hour of injury..... 1958

Where did injury occur? Everett, Mass.  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place)

Manner of Injury (How did injury occur?)

Nature of Injury

While at work? - Was autopsy performed? no

6 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Andrew D. Guthrie M. D.  
(Address) Medford Date 10-5-58

7 Place of Burial, or Cremation. Winthrop  
(City or Town) 58

8 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
Winthrop

ADDRESS

Received and filed NOV 11 1958 58

(Registrar of City or Town where deceased resided)

### PERSONAL AND STATISTICAL PARTICULARS

9 SEX m 10 COLOR OR RACE Wht. 11 SINGLE (write the word) MARRIED single WIDOWED or DIVORCED

11a If married, widowed, or divorced HUSBAND of.....  
(Give maiden name of wife in full)

(or) WIFE of.....  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 61 AGE..... Years..... Months..... Days If under 24 hours Hours..... Minutes

14 Usual Occupation: Supervisor most of working life

15 Industry or Business: Lyman School

16 Social Security No. - 17 BIRTHPLACE (City) Boston  
(State or country) Mass.

18 NAME OF FATHER Frank L.

19 BIRTHPLACE OF FATHER (City) Mass.  
(State or country)

20 MAIDEN NAME OF MOTHER Mary Ryan

21 BIRTHPLACE OF MOTHER (City) Mass.  
(State or country)

22 Informant Margaret Ryan  
(Address) Winthrop

A TRUE COPY John W. Ryan

ATTEST: (Signature of City or Town where death occurred)

DATE FILED 10-8-19 58

NOV - 1968

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

25M-6-56-916227

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



The Commonwealth of Massachusetts

Danvers

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 218

No. Danvers State Hosp., Hathorne

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME McElroy, Emma (Barton)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran  
if so specify WAR)

(a) Residence. No. Winthrop, Mass  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 3 years 0 months 15 days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 26, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from July 11, 1958 to Oct. 26, 1958  
I last saw him alive on Oct. 26, 1958, death is said to have occurred on the date stated above, at 1:45 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bronchopneumonia

days

Due To  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Generalized Arteriosclerosis  
no yrs.

Was autopsy performed? Clinical & Laboratory  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Andrew Nichols, III M. D.  
(Address) Hathorne, Mass Date 10/26/58

6 Riverside Cem. - Saugus, Mass.

Place of Burial or Cremation Oct. 28, (City or Town) 58

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass

Received and filed NOV 17 1958 19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR white 10 SINGLE (write the word) MARRIED widowed or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of William J. McElroy  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 28 5 11 Days If under 24 hours  
Years Months Days Hours Minutes

13 Usual Occupation: Unable to work  
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. unk.

16 BIRTHPLACE (City) Saugus,  
(State or country) Mass.

17 NAME OF FATHER James Barton

18 BIRTHPLACE OF FATHER (City) Boston,  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary Stevens

20 BIRTHPLACE OF MOTHER (City) Chelsea,  
(State or country) Maine

21 Informant Mar. E. Sheehan  
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: Daniel J. Toomey  
(Registrar of City or Town where death occurred)

DATE FILED 11/6/58 19

NOV 1 1932

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



## The Commonwealth of Massachusetts Danvers

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

(City or Town making this return)

COPY OF

## CERTIFICATE OF DEATH

Registered No. 219

Danvers State Hospital, Hathorne

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Rosenberg  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran if so specify WAR) NO

363 Shirley St., Winthrop, Mass.

(a) Residence. No. (Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 10 6 24 years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 26, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from April 10, 50 Oct 26, 58  
I last saw h. alive on 10/26/58 19, death is said to have occurred on the date stated above, at 5:30a.INTERVAL  
BETWEEN  
ONSET AND  
DEATHDEATH WAS CAUSED BY: IMMEDIATE CAUSE  
Cerebral Vascular Accident

(a) days yrs.

Due To Generalized Arteriosclerosis  
(b) yrs.Due To  
(c)

OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Ht. Disease no yrs.

Was autopsy performed? Clinical & Laboratory  
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) Andrew Nichols, III M. D.  
(Address) Hathorne, Mass Date 10/26/58  
Chevra Thelemi, West Roxbury, Mass.6 Place of Burial or Cremation Oct. 27, (City or Town) 58  
DATE OF BURIAL 197 NAME OF FUNERAL DIRECTOR J. Stanetsky & Son  
ADDRESS Dorchester, Mass.

Received and filed NOV 17 1958 19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED Divorced WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Pearl Kleinman or Clayman  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 7 9 Years Months Days If under 24 hours Hours Minutes

13 Usual Occupation Salesman - Retired  
(Kind of work done during most of working life)

14 Industry or Business unk.

15 Social Security No. unk.

16 BIRTHPLACE (City) (State or country) England

17 NAME OF FATHER Abraham Rosenberg

18 BIRTHPLACE OF FATHER (City) (State or country) unk. Russia

19 MAIDEN NAME OF MOTHER Rebecca, maiden name unk.

20 BIRTHPLACE OF MOTHER (City) (State or country) unk. Russia

21 Informant Mary E. Sheehan  
(Address) Hathorne, Mass.

A TRUE COPY ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Oct. 31, 19 58

NOV 17 1958 AM

301A

IONS

TIFICATE

ng  
DEATHnter  
one  
each  
and (c)not mean  
dying,  
failure,  
It means  
compl-  
causedif any,  
rise to  
(a),  
under-  
last.contrib-  
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50N-5-57-920345

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)REVERE  
12-5-58

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 220

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence, No.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years months days. In place of residence. years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11-1-1958, to 11-1-1958

I last saw her alive on 11-1-1958, death is said to

have occurred on the date stated above, at 5:25 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Date

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 3, 1958

7 NAME OF  
FUNERAL DIRECTOR

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed

NOV 3 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED  
WIDOWED single  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE Years Months Days

If under 24 hours

Hours 20 Minutes

13 Usual

Occupation:

none

(Kind of work done during most of working life)

14 Industry  
or Business:

none

15 Social Security No.

none

16 BIRTHPLACE (City)

Winthrop

(State or country)

Mass.

17 NAME OF  
FATHER

Donald Sheldon Hyland

18 BIRTHPLACE OF

FATHER (City)

Volga

(State or country)

South Dakota

19 MAIDEN NAME

OF MOTHER

Milicent Madge Russell

20 BIRTHPLACE OF

MOTHER (City)

Revere

(State or country)

Mass.

21

Informant  
(Address)

Donald S. Hyland

15 Clark Road Revere, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

X

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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100M-11-55-916145

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 221

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 6 Central St

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME James R King

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 6 Central St.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 3 years months days. In place of residence 3 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Mar 9, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Call 81, 1958 to Mar 9, 1958  
I last saw him alive on Apr 5, 1958, death is said to  
have occurred on the date stated above, at 12:25 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

Nov 4/58

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Bacterial Pneumonia

Due To Cerebral Hemorrhage  
(b) (Date) Feb 5/58Due To Hypertension  
(c) (Date) 10/4/58

OTHER SIGNIFICANT CONDITIONS Had Cerebral Hemorrhage 1953

Was autopsy performed? No  
What test confirmed diagnosis? Cerebral exam5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) James R King, M. D.

(Address) 147 Central St, W. Date Mar 9, 1958

6 Holy Cross Malden Mass  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Nov 12, 1958

7 NAME OF FUNERAL DIRECTOR Ernest P Caggiano  
ADDRESS 147 Winthrop St Winthrop

Received and filed Nov 10 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of Annie L Mc Lean  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 80 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Fisherman  
(Kind of work done during most of working life)

14 Industry or Business Fish

15 Social Security No. 022-14-6885

16 BIRTHPLACE (City) Nova Scotia  
(State or country)

17 NAME OF FATHER George King

18 BIRTHPLACE OF FATHER (City) Nova Scotia  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Proctor

20 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)21 Informant Mrs Annie L King  
(Address) 6 Central St WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) Health Officer (Date of Issue of Permit) 11/10/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

301A

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

Washington Rest Home

No.

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 222

(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)2 FULL NAME Ronald McDonald  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 101 Almont St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death. 2 years 2 months 20 days. In place of residence 80 years 0 months 0 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 13 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Nov - 28, 1949, to Nov 13, 1958  
I last saw him alive on 11/10, 1958, death is said tohave occurred on the date stated above, at 2:20 P m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 mo.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERAL CARCINOMATOSISDue To CARCINOMA OF STOMACH  
(h)

8 mo.

Due To  
(c)OTHER SIGNIFICANT CONDITIONS ARTERIO-SCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE 5 yrsWas autopsy performed? No  
What test confirmed diagnosis? operation at Peter Bent Brigham Hosp5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Thayer N. King, M. D.(Address) 222 Pleasant St, Date 11/14, 19586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)DATE OF BURIAL November 15, 19587 NAME OF FUNERAL DIRECTOR Arthur J. O'MaleyADDRESS Winthrop MassReceived and filed NOV 14 1958, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Married  
WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Ann Scanlon  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 94 Years 0 Months 0 Days If under 24 hours  
Hours 0 Minutes13 Usual Occupation: Retired Mason  
(Kind of work done during most of working life)14 Industry or Business: Construction

15 Social Security No.

16 BIRTHPLACE (City) Georgetown  
(State or country) P. E. I.17 NAME OF FATHER Alexander McDonald18 BIRTHPLACE OF FATHER (City)  
(State or country) Scotland19 MAIDEN NAME OF MOTHER Agnes McDonald20 BIRTHPLACE OF MOTHER (City)  
(State or country) Canada21 Informant J. Leo McDonald  
(Address) 101 Almont St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Seawright  
(Signature of Agent of Board of Health or other)Health Officer 11/15/58  
(Official Designation) (Date of Issue of Permit)

EXTRACTS  
FROM THE LAWS OF

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Revere

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 223

No. 214 Endicott Ave.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Mary M. Harris (Mackay)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 919 Shirley Street

Winthrop

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death.....years 6.....months.....days. In place of residence 2 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 14, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
April 4, 1954, November 14, 1958.  
I last saw her alive on November 13, 1958, death is said to  
have occurred on the date stated above, at 12:45A m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial  
InsufficiencyDue To (b) Arteriosclerotic Heart  
Disease

4 yrs.

Due To (c) General Arteriosclerosis

4 yrs.

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? no  
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) Dorothy Cheney Appleton, M. D.  
197 Woodside Ave. Date 11/14 58  
(Address) Winthrop6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL November 17 587 NAME OF FUNERAL DIRECTOR Howard S. Reynolds  
ADDRESS Winthrop, Mass.

Received and filed DEC 8 1958 19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Female

White

MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Samuel Harris  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 6 Years 12 Months

If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. none

16 BIRTHPLACE (City)  
(State or country) Scotland

17 NAME OF FATHER Ronald Harris

18 BIRTHPLACE OF FATHER (City)  
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Mary (Cannot be learned)

20 BIRTHPLACE OF MOTHER (City)  
(State or country) Scotland21 Informant O. A. A. Records  
(Address) Winthrop, Mass.

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED November 17 58

REMOVED VETER NOT LISTED - 1-1-58

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

RECEIVED



DEC 18 1958 AM

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SOM-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 221

No. 11 Nahant Avenue

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Carrie Elizabeth Johnson ( Stephens )  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO.

(a) Residence. No. 11 Nahant Avenue  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 42 years months days. In place of residence years 42 months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 14 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
Jan. 4, 1952, to Nov. 14, 1958.  
I last saw him alive on Nov. 14, 1958, death is said to  
have occurred on the date stated above, at 4 AM m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

3 MOS

4 YRS

### DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL HEART DISEASE

Due To HYPERTENSION

(b)

Due To  
(c)

### OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Louis F. Salerno, M. D.

(Address) 179 PLEASANT ST. Date Nov. 15 1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 17 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed NOV 18 1958

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
female white MARRIED widowed  
WIDOWED or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Nelson Berger Johnson  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 79 Years 4 Months 6 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: housewife  
(Kind of work done during most of working life)

14 Industry or Business: own home

15 Social Security No. 015-20-0543-B

16 BIRTHPLACE (City) Killingley  
(State or country) Ct.

17 NAME OF FATHER George Stephens

18 BIRTHPLACE OF FATHER (City) New York  
(State or country) N.Y.

19 MAIDEN NAME OF MOTHER Nellie Mitchell

20 BIRTHPLACE OF MOTHER (City) Webster  
(State or country) Mass.

21 Informant Kenneth S. Johnson  
(Address) 11 Nahant Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)  
Health Officer 11/17/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 78 Chester Avenue

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 225

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Arnold Hamer Hall

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran. NO.  
if so specify WAR)

(a) Residence. No. Hotel Hemenway 91 Westland Ave.

(Usual place of abode)

(If nonresident, give city or town and State) Boston, Mass.

Length of stay: In place of death years 1 months 7 days. In place of residence 38 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 15 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_I last saw h— alive on \_\_\_\_\_, 19\_\_\_\_, death is said to  
have occurred on the date stated above, at 8:20 A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To Arteriosclerotic Heart Disease

(b) \_\_\_\_\_ years

Due To Generalized Arteriosclerosis

(c) \_\_\_\_\_ years

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? clinical

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed)

(Address)

Winthrop Board of Health, M. D. Date 16 Nov 1958

6 Woodlawn Cemetery Everett, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 17, 1958 19

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS

174 Winthrop St. Winthrop, Mass.

Received and filed

NOV 18 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED widowed  
WIDOWED or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Kathleen Pownley  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 88 Years 0 Months 15 Days If under 24 hours  
Hours Minutes13 Usual Occupation: writer  
(Kind of work done during most of working life)

14 Industry or Business: self employed

15 Social Security No. none

16 BIRTHPLACE (City) London  
(State or country) England

17 NAME OF FATHER William Hall

18 BIRTHPLACE OF FATHER (City) England  
(State or country)

19 MAIDEN NAME OF MOTHER Kay

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)21 Informant Vivian E. Smith  
(Address) 78 Chester Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:(Signature of Agent of Board of Health or other) Health Officer 11/17/58  
(Official Designation) (Date of Issue of Permit)

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH  
1

Middlesex

(County)

Cambridge

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSCambridge  
(City or Town making this return) 228COPY OF  
CERTIFICATE OF DEATH

Registered No. 1650

No. Holy Ghost Hospital

{(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)}2 FULL NAME Florence Wesson (Hadley)  
(If deceased is a married, widowed or divorced woman, give also maiden name.){(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 22 Buchanan St. Winthrop, Massachusetts  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....1 months.....8 days. In place of residence.....16 years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 15, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
October 7, 1958 to November 15, 1958  
I last saw him alive on November 15, 1958 death is said to  
have occurred on the date stated above, at 6:15 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Malignant Meningioma Left  
Frontal Lobe with Direct Extension

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS Diabetes Mellitus

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify.

(Signed) Philip J. Landry, Jr., M. D.

(Address) Holy Ghost Hosp. Date 11/16/1958

6 Winthrop Cemetery Winthrop  
Place of Burial & Cremation (City or Town)

DATE OF BURIAL November 19, 1958

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St. East Boston

Received and filed DEC. 5, 1958 19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Byron R. Wesson  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 58 Years 9 Months 15 Days If under 24 hours  
Hours.....Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No. 012-14-5405

16 BIRTHPLACE (City) East Boston  
(State or country) Massachusetts

17 NAME OF FATHER Charles Hadley

18 BIRTHPLACE OF FATHER (City) Boston, Massachusetts  
(State or country)

19 MAIDEN NAME OF MOTHER Anna Brill

20 BIRTHPLACE OF MOTHER (City) Boston, Massachusetts  
(State or country)21 Informant Mr. Byron R. Wesson - Husband  
(Address) 22 Buchanan St., Winthrop, Mass.

A TRUE COPY

TEST: Frederick H. Burke  
(Registrar of City or Town where death occurred)

DATE FILED November 18, 1958

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

41 Banks Street

No.

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 227

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)2 FULL NAME Elizabeth Pamela (Tobiasen) Ruud  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 41 Banks Street  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death 36 years months days. In place of residence 36 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 15 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
January 25, 1958 to November 14, 1958  
I last saw her alive on November 14, 1958, death is said to  
have occurred on the date stated above, at 1:15 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
18 yrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Metastatic Carcinoma

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

What test confirmed diagnosis? Pathological Examination of Tissue

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify(Signed) 27 Bennington St., M. D.  
(Address) Revere 51, Mass. Date Nov, 15 19 586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL Nov. 18 19 587 NAME OF FUNERAL DIRECTOR Howard S. Parnolds  
ADDRESS 11 Winthrop Mass.

Received and filed NOV 18 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)  
(or) WIFE of Hjalmar N Ruud  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 1 12  
Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own home

15 Social Security No. 016-26-9599

16 BIRTHPLACE (City)  
(State or country) Norway

17 NAME OF FATHER Edward Tobiasen

18 BIRTHPLACE OF FATHER (City)  
(State or country) Norway

19 MAIDEN NAME OF MOTHER Emily Tonnesen

20 BIRTHPLACE OF MOTHER (City)  
(State or country) Norway21 Informant Hjalmar Ruud  
(Address) 41 Banks Street WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with the DEPARTMENT the burial or transit permit was issued:(Signature of Agent of Board of Health or other)  
Health Officer 11/17/58  
(Official Designation) (Date of Issue of Permit)

11/17

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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50M-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

228

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Antonio DeAngelis

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

(a) Residence. No. 111 Eutaw Street

East Boston, Mass.

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months 3 days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 18, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
11/15/ 19 58, to 11/18/ 19 58  
I last saw him alive on 11/17/ 19 58, death is said to  
have occurred on the date stated above, at 6:30 am.INTERVAL  
BETWEEN  
ONSET AND  
DEATH2 hrs  
years  
years

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebrovascular accident

Due To Arteriosclerosis, gen.  
(b) HypertensionDue To Myocardial heart disease 2 years  
(c)

OTHER SIGNIFICANT CONDITIONS Cardiac decompensation 2-3 days

Was autopsy performed? no  
What test confirmed diagnosis? clinical5 Was disease or injury in any way related to occupation of deceased?  
If so, specify no(Signed) Joseph E. Gause, M. D.  
(Address) 14 ... Date 11-18-586 Holy Cross Cemetery Malden  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL November 22, 19 587 NAME OF FUNERAL DIRECTOR Vincent Rapino  
ADDRESS 9 Chelsea St., East Boston, Mass.

Received and filed NOV 21 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 9 COLOR white 10 SINGLE (write the word)  
MARRIED widowed  
WIDOWED or DIVORCED10a If married, widowed, or divorced Margaret DelTergo  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation Retired  
(Kind of work done during most of working life)

14 Industry or Business: -----

15 Social Security No. 031-10-4049

16 BIRTHPLACE (City) Italy  
(State or country)

17 NAME OF FATHER Carmine DeAngelis

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Agnes Fucello

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant Carmine DeAngelis (son)  
(Address) 111 Eutaw St., East Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
Malcolm E. Kirkman  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhum a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

-301A

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 229

No. Winthrop Community Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME William T. Jones

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 120 Clark Ave.  
(Usual place of abode)St. Chelsea, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years months 19 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 20 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
JANUARY 1956 to NOVEMBER 19 1958  
I last saw him alive on Nov 19 1958, death is said to  
have occurred on the date stated above, at 2:05 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) RENAL INSUFFICIENCY

Due To TOTAL GASTRECTOMY  
(b) SPLENECTOMYDue To CARCINOMA STOMACH  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis? PATH. SPEC. XRAY

5 Was disease or injury in any way related to occupation of deceased No  
If so, specify

(Signed) Harold Muzzagor M. D.

(Address) 670 Beach St. Weymouth

6 Place of Burial or Cremation Malden  
(City or Town)

DATE OF BURIAL Jan 22 1958

7 NAME OF FUNERAL DIRECTOR Madeline J. Carey

ADDRESS 295 Weymouth Ave. Weymouth

Received and filed

NOV 21 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR wh 10 SINGLE (write the word)  
MARRIED married  
WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of ANNIE Welensky  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 63 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Press man  
(Kind of work done during most of working life)

14 Industry or Business: Retail Traveler

15 Social Security No. 012-038-076

16 BIRTHPLACE (City)  
(State or country)

17 NAME OF FATHER

18 BIRTHPLACE OF FATHER (City)  
(State or country)

19 MAIDEN NAME OF MOTHER

20 BIRTHPLACE OF MOTHER (City)  
(State or country)21 Informant Mrs. Wm. Jones  
(Address) 120 Clark Ave. ChelseaI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial of transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Date of Issue of Permit) 11/20/58

50M-11-56-918978

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATHRegistered No. **230**

PLACE OF DEATH

SOFFOLK  
(County)  
WINTHROP.  
(City or Town)No. **10 UNDINE AVE**St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME **THOMAS FARRELL**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) **NO**(a) Residence. No. **10 UNDINE AVE**  
(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death **10** years.....months.....days. In place of residence **10** years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **November 22, 1958**  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
**Dec. 31, 1953** to **Nov. 22, 1958**  
I last saw him alive on **Nov. 21, 1958**, death is said to  
have occurred on the date stated above, at **7 a.m.**INTERVAL  
BETWEEN  
ONSET AND  
DEATHDEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) **arteriosclerotic heart disease****5 yrs.**Due To **generalized arteriosclerosis**  
(h)**8 yrs**Due To  
(c)OTHER SIGNIFICANT CONDITIONS **Cerebral arteriosclerosis****2 yrs.**Was autopsy performed? **no**  
What test confirmed diagnosis? **Clinical & Laboratory**5 Was disease or injury in any way related to occupation of deceased? **NO**  
If so, specify(Signed) **Dr. Thomas Keen, Jr. M.D.**(Address) **73 Bartlett Rd. Wintthrop 52, Mass. BOSTON**  
**600 ST MARKS**  
Place of Burial or Cremation (City or Town)DATE OF BURIAL **NOV 25 1958**7 NAME OF FUNERAL DIRECTOR **Maurice W Ruby**ADDRESS **214 WINTHROP ST WINTHROP**Received and filed **NOV 2 1958**

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **MALE** 9 COLOR **WHITE** 10 SINGLE (write the word)  
**MARRIED**  
**WIDOWED**  
or **DIVORCED** **WIDOWED**10a If married, widowed, or divorced  
HUSBAND of **MARY PARTILL**  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **10 1/2** years.....Months.....Days If under 24 hours  
Hours.....Minutes13 Usual Occupation: **TAX COLLECTOR**  
(Kind of work done during most of working life)14 Industry or Business: **BOSTON TAX DEPT.**15 Social Security No. **NONE**16 BIRTHPLACE (City) **BOSTON MASS**  
(State or country)17 NAME OF FATHER **PHILIPP FARRELL**18 BIRTHPLACE OF FATHER (City) **IRELAND**  
(State or country)19 MAIDEN NAME OF MOTHER **CATHERINE LYNN**20 BIRTHPLACE OF MOTHER (City) **IRELAND**  
(State or country)21 Informant **MARY FARRELL**  
(Address) **10 UNDINE AVE WINTHROP**I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
**Ralph E. Williams**  
(Signature of Agent of Board of Health or other)Health Officer **11/24/58**  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION** .....

**DATE OF ENTERING MILITARY SERVICE** .....

**DATE OF DISCHARGE** .....

**RANK, RATING** .....

**ORGANIZATION AND OUTFIT** .....

**SERVICE NUMBER** .....

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec 12, G. L.)

R-302

25M (E)-6-50-902253

PLACE OF DEATH

Suffolk

(County)

Revere

(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

CERTIFICATE OF DEATH

Revere

(City or town making return)

Registered No. 231

Resthaven Nursing Home

No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Victoria Adelaide Stilwell (Steventon)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 131 Cottage Park Road

(Usual place of abode)

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 2 months 15 days. In place of residence 15 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 23, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1953 to Nov. 23, 1958

I last saw her alive on Nov. 19, 1958 death is said to

have occurred on the date stated above, at 9:15 P. m.

DISEASE OR CONDITION

DIRECTLY LEADING

TO DEATH (a)

Arteriosclerosis

ANTE-MORTEM CAUSE Arteriosclerosis and

Arteriosclerotic heart dis.

Due To

(c)

OTHER SIGNIFICANT CONDITIONS

Diabetes Mellitus

Major findings:

Of operations

no

Clinical

Date of operation

Was autopsy performed?

no

What test confirmed diagnosis?

5 Was disease of any kind? Occupation of deceased?

If so, specify

(Signed)

(Address)

222 Pleasant St.

Winthrop

Date

11/24 M. 58

Woodlawn Cemetery

Everett

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

November 26, 1958

7 NAME OF

FUNERAL DIRECTOR

Alfred B. Marsh

ADDRESS

174 Winthrop St., Winthrop

Received and filed

DEC 8 1958

19

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR OR RACE

10 SINGLE

(write the word)

Female

White

MARRIED

WIDOWED

OR DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George Meade Stilwell

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

88 Years

10 Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housework

(Kind of work done during most of working life)

14 Industry

or Business:

Own home

15 Social Security No.

none

16 BIRTHPLACE (City)

Boonton

(State or country)

New Jersey

17 NAME OF

FATHER

Alonzo Columbus Steventon

18 BIRTHPLACE OF

FATHER (City)

Boonton

(State or country)

New Jersey

19 MAIDEN NAME

OF MOTHER

Anna Scott

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

New Jersey

21

Informant

(Address)

Mrs. Ina M. Hayes

131 Cottage Park Rd., Winthrop

A TRUE COPY

ATTEST:

(Registrar of City or Town where death occurred)

DATE FILED

December 1,

19 58

RECEIVED



DEC 8 1958 AM

301A

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TIFICATE

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50M-11-56-91897A

26 1958

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 232

No. 5 Edge Hill Rd.

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME ANNIE SCHWARTZ

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No.

(a) Residence. No. 5 Edge Hill Rd.

(Usual place of abode)

St.

(If nonresident, give city or town and State)

Length of stay: In place of death 18 years months days. In place of residence 18 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

NOVEMBER 24

1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

oct 28, 1958, to nov 24, 1958

I last saw her alive on nov 24, 1958, death is said to

have occurred on the date stated above, at 7:30 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

9 years

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) congestive heart failure  
CONGESTIVE HEART FAILURE

Due To

(b) arterial hypertension  
ARTERIAL HYPERTENSION

20 years

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Sensitivity

Was autopsy performed? no

What test confirmed diagnosis? -

5 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. Greenfield

M. D.

(Address) 447 Shirley St., Winthrop Date 11/24 1958

6 Ohel Jacob

Place of Burial or Cremation

(City or Town) Woburn

DATE OF BURIAL

November 25 1958

7 NAME OF

FUNERAL DIRECTOR

ADDRESS 470 Harvard St., Brookline

Received and filed

19

Registrar

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

Benjamin Schwartz  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 90

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Housewife  
(Kind of work done during most of working life)

14 Industry

or Business:

At home

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Russia

17 NAME OF  
FATHER

David Michael Barron

18

BIRTHPLACE OF

FATHER (City)

(State or country)

Russia

19

MAIDEN NAME

OF MOTHER

(unknown)

20

BIRTHPLACE OF

MOTHER (City)

(State or country)

Russia

21

Informant

(Address)

Dr. George Schwartz  
5 Edge Hill Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death

was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Jureanu  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 11/24/58

EXTRACTS  
FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Centenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Centenary Edition).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

NOV 26 1951

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

Registered No.

No. Peter Bent Brigham Hospital

(If death occurred in a hospital or  
St. give its NAME instead of street and city)

2 FULL NAME **Mary Lappen** (Long)  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN IMPRINT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. **15 James Ave. Winthrop, Mass** St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months **2** days. In place of residence **8** years months days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **Sept. 14 1958**  
(Month) (Day) (Year)

WE HEREBY CERTIFY, That we attended deceased from  
**Sept 12**, 19 **58**, to **Sept 14**, 19 **58**  
First saw her alive on **Sept 14**, 19 **58**, death is said to

have occurred on the date stated above, at **1:25 A.m.**

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Dissecting Aortic Aneurysm****12 days**

Due To  
(b)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS **Left Hemothorax**

Was autopsy performed? **Yes**What test confirmed diagnosis? **Autopsy**

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **Victoria M. Carr**, M. D.  
(Address) **P. Bent Brigham Hosp** Date **Sept 14 19 58**

6 **Winthrop Cemetery** **Winthrop**  
Place of Burial or Cremation  
DATE OF BURIAL **September 17, 1958** 19

7 NAME OF FUNERAL DIRECTOR **Maurice W Kirby**  
ADDRESS **210 Winthrop St. Winthrop**

Received and filed **SEP 17 1958** 19

**Charles H. Mackie**

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Female** 9 COLOR **White** 10 SINGLE ☐ MARRIED ☒ WIDOWED ☐ DIVORCED ☐ **Married**

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name, wife, or  
(or) WIFE of **Eugene Lappen**  
(Husband's name, if to)

11 IF STILLBORN, enter that fact here.

12 AGE **42** Years Months Days If under 1 year, state in hours and minutes

13 Usual Occupation: **Operator**  
(Kind of work done during most of work life)

14 Industry or Business: **G, E, Lamp Works**

15 Social Security No.

16 BIRTHPLACE (City) **Bonaocsta Newfoundland**  
(State or country)

17 NAME OF FATHER **William Joseph Long**

18 BIRTHPLACE OF FATHER (City) **New Foundland**  
(State or country)

19 MAIDEN NAME OF MOTHER **Margaret Ann Joy**

20 BIRTHPLACE OF MOTHER (City) **New Foundland**  
(State or country)

21 Informant **Eugene G Lappen**  
(Address) **15 James Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer of the body.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 29 1958 AM

*Charles R. Mackie*  
C.R. Registrar

R-301A

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CERTIFICATE

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F DEATH

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100M 11 95-915145

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)

No. 1245 Center St.

2 FULL NAME Anna Pransky

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 35 Sea Foam Ave. Winthrop

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 23 days. In place of residence 40 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Sept. 20, 1958  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from  
July 28, 1958 to Sept 20, 1958  
last saw her alive on Sept 19, 1958, death is said to  
have occurred on the date stated above, at 5:20 p.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Myocardial  
Infarction(b) Congestive heart  
failure

(c)

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

10 min

2 years

2 months

OTHER  
SIGNIFICANT  
CONDITIONS Pulmonary edemaWas autopsy performed? No  
What test confirmed diagnosis?5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed)

(Address) 990 Centre St. Newton Sept 20, 1958

Tifereth Israel of Winthrop Everett

Place of Burial or Cremation (City or Town)

DATE OF BURIAL September 22 1958

7 NAME OF FUNERAL DIRECTOR Morris W. Brezniak

ADDRESS 470 Harvard St., Brookline

Received and filed

SEP 23 1958  
(Registrar)

Charles H. Inacker

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

## CERTIFICATE OF DEATH

Registered No.

8918

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

I PHYSICIAN IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) No

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX  
Female9 COLOR  
White10 SINGLE (write the word)  
MARRIED  
WIDOWED Widowed  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph G. Pransky  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years Months Days If under 24 hours  
Hours Minute13 Usual Occupation: House-wife  
(Kind of work done during most of working life)

14 Industry or Business: At home

15 Social Security No.

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Samuel Kachelnick

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER (unknown)

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Abram I. Pransky  
(Address) 126 Manet Rd., NewtonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transfer permit was issued.

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 29 1958 AM

*Handwritten text, likely a signature or address, is visible at the bottom of the page.*

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

If deceased was a U. S. War Veteran, G.L. Chap. 46, Section 10, requires physicians to issue a certificate to that effect.

DEC 24 1958 57-92750

PLACE OF DEATH

Suffolk  
(County)

Boston  
(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

OUT - OF - TOWN  
To be filed for burial permit  
with Board of Health  
or its Agent.  
Registered No. **9158 235**

On route to Mass General Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME VIOLET D. LEONARD  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) **NO.**

(a) Residence. No. 24 Cottage Avenue, Winthrop St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death.....years.....months.....days. In place of residence 40 years.....months.....days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH September 25 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

**BRONCHIAL ASTHMA**

5 Accident, suicide, or homicide (specify)

Date and hour of injury .....19.....

Where did Injury occur? .....  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in public place? .....  
(Specify type of place)

Manner of Injury .....  
(How did injury occur?)

Nature of Injury .....

While at work? ..... Was autopsy performed? **NO**

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Atkins M. D.  
(Address) 25 Shattuck St Date 9/26 1958

7 Woodlawn Crematory Everett, Mass.  
Place of Burial, or (City or Town)

DATE OF BURIAL September 29, 1958

8 NAME OF FUNERAL DIRECTOR Cyril B. Marsh

ADDRESS 174 Winthrop St. Winthrop, Mass.

Received and filed **OCT - 1 - 1958**

Charles H. In... (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

9 SEX Female 10 COLOR OR RACE white 11 SINGLE (write the word) widowed  
MARRIED  
WIDOWED  
or DIVORCED

11a If married, widowed, or divorced  
HUSBAND of .....  
(Give maiden name of wife in full)

(or) WIFE of Ries Eugene Leonard  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 69 Years 1 Months 4 Days If under 24 hours  
.....Hours.....Minutes

14 Usual Occupation: Editor  
(Kind of work done during most of working life)

15 Industry or Business: Winthrop Sun Newspaper

16 Social Security No. 027-28-2563

17 BIRTHPLACE (City) Chicago  
(State or country) Illinois

18 NAME OF FATHER Aldrich

19 BIRTHPLACE OF FATHER (City) Chicago  
(State or country) Illinois

20 MAIDEN NAME OF MOTHER unknown

21 BIRTHPLACE OF MOTHER (City) unknown  
(State or country)

Informant Judge Thomas E. Key  
(Address) 15 Johnson Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 24 1958 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

R-301A

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DOM-3-57-820345

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

OUT

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

9101

No. Massachusetts Memorial

{(If death occurred in a hospital or institution,  
St. {give its NAME its lead of street and number)

2 FULL NAME

Robert Magee

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran, NO  
if so specify WAR)

(a) Residence, No.

6 Court Road

St.

Winthrop, Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 14 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

September 25, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Sept 21, 1958 to Sept. 25, 1958

I last saw him alive on Sept 25, 1958, death is said to

have occurred on the date stated above, at 6:00 pm.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pulmonary Edema

Due To

(b)

Aortic & Mitral  
stenosis & insufficiency

Due To

(c)

Subacute Bacterial  
Endo carditis

OTHER

SIGNIFICANT  
CONDITIONSRheumatic Heart  
Disease

Was autopsy performed?

No

What test confirmed diagnosis?

EKG &amp; X-RAY

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Elizabeth Eilers, M. D.

(Address)

Mass. Mem. Hosp. Date 9-25 1958

6

Winthrop Cemetery, Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL

Sept. 29, 1958

7 NAME OF

FUNERAL DIRECTOR

ADDRESS

Leo M. Norton  
721 Santiago St. E. 13

Received and filed

SEP 30 1958

Charles H. Mackie

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

MALE

WHITE

MARRIED

10a If married, widowed, or divorced

HUSBAND of

Frances Chanera

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 35 Years 1 Months 9 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Service man  
(Kind of work done during most of working life)

14 Industry

or Business:

Vending machines

15 Social Security No.

023-14-3113

16 BIRTHPLACE (City)

East Boston

(State or country)

Mass.

17

NAME OF

FATHER

James Magee

18

BIRTHPLACE OF

FATHER (City)

Boston

(State or country)

Mass.

19

MAIDEN NAME

OF MOTHER

Frances Sampson

20

BIRTHPLACE OF

MOTHER (City)

Nova Scotia

(State or country)

21

Informant

(Address)

Mrs. Frances Magee  
9 Atlantic St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

11/17/58

(Signature of Agent of Board of Health or other)

9/27/58

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 31 1958 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

R-301A

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

9294

Registered No.

No. MASSACHUSETTS GENERAL HOSPITAL

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)}

2 FULL NAME. MADELINE JESSOP

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR)}

(a) Residence. No. 187 BARTLETT ROAD

St. WINTHROP, MASS.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 14 days. In place of residence 35 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH OCTOBER 1 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY. That I attended deceased from  
Sept. 18, 1958 to October 1, 1958  
We last saw her alive on October 1, 1958, death is said to  
have occurred on the date stated above, at 6:15 a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

7 d.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) MYOCARDIAL INFARCT WITH  
MURAL THROMBUSDue To CORONARY HEART DISEASE  
(b) THROMBOSIS ANTERIOR DESCENDING ? d.  
BRANCH LEFT AND RIGHT CORONARY  
Due To ARTERY  
(c) CORONARY HEART DISEASE YRS.OTHER SIGNIFICANT CONDITIONS CARCINOMA OF CECUM 2 mos.  
1 yr.

Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) C. H. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 10/1/58

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 4 1958

7 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass. OCT 7 1958

Received and filed

Charles E. Munkie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 66 Years 8 Months 22 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housekeeper  
(Kind of work done during most of working life)

14 Industry or Business: Private home

15 Social Security No. 021-26-0587

16 BIRTHPLACE (City) Cambridge  
(State or country) Mass.

17 NAME OF FATHER John J Jessop

18 BIRTHPLACE OF FATHER (City) Boston  
(State or country) Mass.

19 MAIDEN NAME OF MOTHER Mary E Rourke

20 BIRTHPLACE OF MOTHER (City) Cambridge  
(State or country) Mass.21 Informant Laurette Earl  
(Address) 239 Pleasant St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

4703  
(Official Designation)10 3-11  
(Date of Issue of Permit)

50M-1-58-921876

RECEIVED



DEC 29 1958 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

IR-301A

INSTRUCTIONS  
FOR  
CERTIFICATE

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OF DEATH

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(b) and (c)

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Chapter 137,  
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BOM-5-57-920345

**The Commonwealth of Massachusetts**  
**EDWARD J. CRONIN**  
**SECRETARY OF THE COMMONWEALTH**  
**DIVISION OF VITAL STATISTICS**

**OUT - OF - TOWN**  
To be filed for burial permit  
with Board of Health  
or Its Agent.

**STANDARD**  
**CERTIFICATE OF DEATH**

Registered No. **9504**

**PLACE OF DEATH**  
1 **Suffolk** (County)  
**Boston** (City or Town)

No. **New England Deaconess Hospital**

2 FULL NAME **(Mrs.) Marion F. Hey (Nee Farquhar)**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. **53 Nahant Ave.** St. **Winthrop, Mass.**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death ..... years ..... months **12** days. In place of residence **28** years ..... months ..... days.

**MEDICAL CERTIFICATE OF DEATH**

3 DATE OF DEATH **October 9 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from **September 27, 1958** to **October 9, 1958**  
I last saw her alive on **October 9, 1958**, death is said to have occurred on the date stated above, at **11:58 p.m.**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(a) **Acute Myocardial Infarct**

INTERVAL BETWEEN ONSET AND DEATH **2 wks**

Due To (b) **CORONARY THROMBOSIS**

Due To (c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS **Cervix & Pulm. metast. 1 yr. Pelvic metast.**

Was autopsy performed? **YES**

What test confirmed diagnosis? **EKG, TRANSAMINASE**

5 Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify \_\_\_\_\_

(Signed) **James P. Stanton** M. D.  
(Address) **15 Joslin Road** Date **Oct. 10 1958**

6 **Aspen Grove, Ware**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **Oct 13 1958**

7 NAME OF FUNERAL DIRECTOR **Afred B. Marsh**  
ADDRESS **174 Winthrop St. W. Winthrop**

Received and filed **OCT 14 1958**

**PERSONAL AND STATISTICAL PARTICULARS**

8 SEX **Female**

9 COLOR **white**

10 SINGLE (write the word) **WIDOWED**

10a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (Give maiden name of wife in full)  
(or) WIFE of **Albert Edward Hey** (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **74** Years **11** Months **3** Days  
If under 24 hours Hours Minutes

13 Usual Occupation: **Housewife**  
(Kind of work done during most of working life)

14 Industry or Business: **At Home**

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) **Burnt Island**  
(State or country) **Scotland**

17 NAME OF FATHER **Robert Farquhar**

18 BIRTHPLACE OF FATHER (City) **Scotland**  
(State or country)

19 MAIDEN NAME OF MOTHER **Mary Stuart**

20 BIRTHPLACE OF MOTHER (City) **Scotland**  
(State or country)

21 Informant **Miss Anna L. Hey**  
(Address) **53 Nahant Ave. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

**Charles H. Mackin** Registrar

RECEIVED



DEC 29 1958 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

R-301A

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CERTIFICATEgiving  
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s to print or  
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ificates.

DOM-5-57-92C348

X  
PLACE OF DEATHSuffolk  
(County)Boston  
(City or Town)The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

9647

No. New England Deaconess Hospital

{(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])2 FULL NAME (Mrs.) Mary A. Jones ( )  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 9 Crystal Cove Ave.  
(Usual place of abode)St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 7 months 7 days. In place of residence 1 years 7 months 7 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 11 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
September 4 1958, to October 11 1958  
I last saw her alive on October 11 1958, death is said to  
have occurred on the date stated above, at 3:45 P m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinomatosis

1 hr

Due To (b) Carcinoma of Ratum

? 2 yr

Due To (c)

OTHER SIGNIFICANT CONDITIONS TERMINAL PNEUMONIA 3 d

Was autopsy performed? YES

What test confirmed diagnosis? Surgical Exploration

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Thomas E. Gajdosi M. D.  
N. E. Deaconess Hosp.  
(Address) Boston, Mass. Date Oct. 11, 19586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL October 15, 19587 NAME OF FUNERAL DIRECTOR Maurice W. Kirby  
ADDRESS 210 Winthrop St. Winthrop

Received and filed

OCT 16 1958

Charles H. Inack (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)  
Female White MARRIED married  
WIDOWED or DIVORCED10a If married, widowed or divorced  
HUSBAND of Thomas A. Jones  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 77 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: at home

15 Social Security No. NONE

16 BIRTHPLACE (City) Newton  
(State or country) Massachusetts

17 NAME OF FATHER William Bennet

18 BIRTHPLACE OF FATHER (City) Canada  
(State or country)

19 MAIDEN NAME OF MOTHER Louise Boucher

20 BIRTHPLACE OF MOTHER (City) Nova Scotia  
(State or country)21 Informant Thomas A. Jones  
(Address) 9 Crystal Cove Ave. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 29 1958 AM

A TRUE COPY ATTEST:

*Charles A. Smith*

Notary Public

R-301A

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50M-1-58-92187C

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHOUT - OF - TOWN  
To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

9593

No. Beth Israel Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME BARNET ZELICKMAN  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 409 Shirley  
(Usual place of abode)St. Winthrop, Mass  
(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 18 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 11, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Oct. 9, 1958, to Oct. 11, 1958  
I last saw h/alive on Oct. 11, 1958, death is said to  
have occurred on the date stated above, at 7:15 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 min

8 yrs

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) cardiac arrest following  
sudden arrhythmia(b) Arteriosclerotic  
heart disease

(c)

OTHER  
SIGNIFICANT CONDITIONS Pulmonary emphysema

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) Norman S. Mages, M. D.  
(Address) 330 Brookline, Boston Date Oct 11, 19586 Tifereth Israel of Winthrop-Everett  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL October 12, 19587 NAME OF FUNERAL DIRECTOR Benjamin Birnbach  
ADDRESS 10 Washington St., DorchesterReceived and filed OCT 15 1958  
Charles H. Inackie (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED or DIVORCED Married10a If married, widowed, or divorced Sarah Ginsberg  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 86 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Painter  
(Kind of work done during most of working life)

14 Industry or Business: Retired

15 Social Security No. none

16 BIRTHPLACE (City) Russia  
(State or country)

17 NAME OF FATHER Isaac Zelickman

18 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

19 MAIDEN NAME OF MOTHER Chava-Cannot be learned

20 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)21 Informant Sarah Zelickman  
(Address) 409 Shirley St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 29 1958 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Recorder

R-301A

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

CERTIFICATE OF DEATH

Registered No. 9867

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Francis W. H. MEHARG  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, WW I  
if so specify WAR)(a) Residence. No. 284 Revere Street St. Winthrop, Massachusetts  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 27 days. In place of residence 23 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 21 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That attended deceased from  
Sept. 24, 19 58, to October 21, 19 58The death is said to  
have occurred on the date stated above, at 10:20 A. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

5 yrs

months

years

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Laennec's cirrhosis with  
hepatic coma.

Due To Hepatoma of the liver.

(b) Generalized arteriosclerosis with  
arteriosclerotic heart disease.

(c)

OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? Yes  
What test confirmed diagnosis? Autopsy5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Joseph H. La Casce, M. D.

(Address) VAH, Boston, Mass. Date Oct. 21 19 58

6 Winthrop Cemetery Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL October 24 1958

7 NAME OF FUNERAL DIRECTOR Reynolds Funeral Home  
ADDRESS 180 Winthrop St., Winthrop, Mass.

Received and filed

OCT 24 1958

Charles A. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Lena Grace Vance  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 69 Years 4 Months 25 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Gas Attendant  
(Kind of work done during most of working life)

14 Industry or Business: Service Station

15 Social Security No. 012-18-1307

16 BIRTHPLACE (City) Ireland  
(State or country)

17 NAME OF FATHER Thomas Meharg

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Sheriff

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant VA Hospital Records, 150 So.  
(Address) Huntingdon Ave., Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



DEC 29 1958 AM

A TRUE COPY ATTEST:

*Charles J. Mackie*

C. J. Mackie

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 19900

No. Massachusetts General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JAMES ANNIS  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT  
(Was deceased a U. S. War Veteran, if so specify WAR) No(a) Residence. No. 27 Taft Avenue, Winthrop St.  
(Usual place of abode) (If nonresident, give city and town and State)

Length of stay: In place of death years months days. In place of residence 17 years months days

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH October 22 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

CEREBRAL HEMORRHAGE

5 Accident, suicide, or homicide (specify)

Date and hour of injury 19

Where did injury occur?  
(City or town and State)Did injury occur in or about home, on farm, in industrial place, or in public place?  
(Specify type of place)Manner of injury  
(How did injury occur?)

Nature of injury

While at work? Was autopsy performed? yes

6 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Michael Winthrop M. D.  
(Address) Boston Date 10/22 19587 Winthrop Winthrop  
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL Oct. 25 1958

8 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop, Mass.

Received and filed OCT 24 1958

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX 10 COLOR OR RACE 11 SINGLE (write the word)  
Male White MARRIED  
WIDOWED or DIVORCED Married11a If married, widowed, or divorced  
HUSBAND of Edith Gregory  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 50 Years 11 Months 25 Days  
If under 24 hours  
Hours Minutes14 Usual Occupation Timekeeper  
(Kind of work done during most of working life)15 Industry General Electric  
or Business

16 Social Security No. 023-05-4164

17 BIRTHPLACE (City, State or country) Everett Mass.

18 NAME OF FATHER Joseph Annis

19 BIRTHPLACE OF FATHER (City, State or country) Unable to obtain

20 MAIDEN NAME OF MOTHER Ann E McGork

21 BIRTHPLACE OF MOTHER (City, State or country) Unable to obtain

22 Informant Edith Annis  
(Address) 27 Taft Ave. Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transfer permit was issued

Norma Mae Dossard  
(Signature of Agent of Board of Health or other)11504 10-23-58  
(Official Designation) (Date of Issue of Permit)

RECEIVED



DEC 31 1958 AM

A TRUE COPY ATTEST.

*Charles H. MacGee*

City Clerk

301A

CERTIFICATE

DEATH

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

OUT - OF - TOWN 243

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 9898

No. The Children's Hospital St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME William Law  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN - IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no(a) Residence. No. 896A Shirley St. St. Winthrop, Mass.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Oct. 22, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Oct. 20, 1958 to Oct. 22, 1958

I last saw him live on Oct. 22, 1958 death is said to

have occurred on the date stated above, at 8:45 pm

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) OVERWHELMING SEPSIS

Due To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Susan Giddens, M. D.

(Address) 300 Longwood Ave Date 10-23-1958

Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Oct. 24 1958

7 NAME OF FUNERAL DIRECTOR Maurice Kirby

ADDRESS 210 Winthrop St. Winthrop

Received and filed OCT 24 1958 19

Charles H. Mackie

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

MALE WHITE MARRIED  
WIDOWED  
OR DIVORCED single

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE Years Months 27 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: NONE  
(Kind of work done during most of working life)14 Industry  
or Business:

15 Social Security No.

16 BIRTHPLACE (City) Winthrop  
(State or country) MASS.

17 NAME OF FATHER CHARLES LAW

18 BIRTHPLACE OF FATHER (City) ARLINGTON, MASS.  
(State or country)

19 MAIDEN NAME OF MOTHER FLORENCE GLOCK

20 BIRTHPLACE OF MOTHER (City) CAMBRIDGE, MASS.  
(State or country)21 Informant Charles LAW  
(Address) 896 Shirley St, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued.  
(Signature of Agent of Board of Health or other)11509  
(Official Designation)10-23-58  
(Date of Issue of Permit)

RECEIVED



DEC 29 10 58 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Recorder

PLACE OF DEATH

*Suffolk*  
(County)  
*Winthrop*  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. *241*

No. *85 Winthrop St.* St. *{(If death occurred in a hospital or institution, give its NAME instead of street and number)}*  
2 FULL NAME *Walter B. Kelley* *{PHYSICIAN - IMPORTANT}*  
(If deceased is a married, widowed or divorced woman, give also maiden name.) *{(Was deceased a U. S. War Veteran, if so specify WAR) WW 1}*  
(a) Residence. No. *85 Winthrop St.* *Winthrop* *Mass.*  
(Usual place of abode) *{(If nonresident give city or town and State)}*  
Length of stay: In place of death *21* years.....months.....days. In place of residence *8* years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH *Dec 5, 1958*  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

*CORONARY THROMBOSIS*

5 Accident, suicide, or homicide (specify) *None*

Date and hour of injury ..... 19.....

Where did Injury occur? .....  
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in

public place? .....  
(Specify type of place)

Manner of Injury .....  
(How did injury occur?)

Nature of Injury .....

While at work? ..... Was autopsy performed? *yes*

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify *Michael Phango*

(Signed) *Michael Phango* M. D.

(Address) *Boston* Date *12 6* 19 *58*

7 *Winthrop Cemetery, Winthrop*  
Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL *December 5th* 19 *58*

8 NAME OF FUNERAL DIRECTOR *Richard C. Kirby*

ADDRESS *917 Bennington St., E. Boston*

Received and filed *DEC 5 1958* 19.....

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX *Male* 10 COLOR OR RACE *White* 11 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED *Widowed*

11a If married, widowed, or divorced  
HUSBAND of *Grace M. Burke*  
(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE *66* Years.....Months.....Days | If under 24 hours  
.....Hours.....Minutes

14 Usual Occupation: *Meter maker*  
(Kind of work done during most of working life)

15 Industry or Business: *Gas Meters*

16 Social Security No. *021-10-6844 A*

17 BIRTHPLACE (City) *East Boston*  
(State or country) *Mass*

18 NAME OF FATHER *John F. Kelley*

19 BIRTHPLACE OF FATHER (City) *Boston*  
(State or country) *Mass.*

20 MAIDEN NAME OF MOTHER *Catherine Welch*

21 BIRTHPLACE OF MOTHER (City) *Boston*  
(State or country) *Mass.*

22 Informant *Mrs. Gracemarie Lappen-dan.*  
(Address) *25 Winthrop St., Winthrop*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

*Richard C. Kirby*  
(Signature of Agent of Board of Health or other)

*Seal of Office* 12/3/58  
(Official Designation) (Date of Issue of Permit)

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician of officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. .... General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by trauma (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE May 27, 1918

DATE OF DISCHARGE Sept. 12, 1919

RANK, RATING Pvt. 1st cl.

ORGANIZATION AND OUTFIT Co. "K" 30 3d Inf.

SERVICE NUMBER 2723297

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PLACE OF DEATH

*Suffolk*  
*Winthrop*  
(County)

*Winthrop*  
(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 245No. 217 Shore drive

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Isadore Goldstein

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

(a) Residence. No. 217 Shore drive

(Usual place of abode)

St. \_\_\_\_\_ (If nonresident, give city or town and State)

Length of stay: In place of death 24 years — months — days. In place of residence 40 years — months — days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC. 4, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1956 to DEC. 4, 1958I last saw him alive on DEC. 4, 1958, death is said tohave occurred on the date stated above, at 2:15 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH7yrs.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cancer of the ProstateDue To  
(b) \_\_\_\_\_Due To  
(c) \_\_\_\_\_OTHER  
SIGNIFICANT  
CONDITIONSCongestive heart disease 1 yr.Was autopsy performed? NOWhat test confirmed diagnosis? Surgical & clinical5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_(Signed) Harold Miller, M. D.(Address) 109 Wash. Ave. Chelsea, Mass. Date 12-4-19586 Onikeby Soc. Melrose  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec 4 19587 NAME OF FUNERAL DIRECTOR Joy Funeral Service IncADDRESS ChelseaReceived and filed DEC 4 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Sadie Sherman  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 70 Years — Months — Days

If under 24 hours

Hours — Minutes

13 Usual

Occupation: Operator

(Kind of work done during most of working life)

14 Industry

or Business: Beach Concession15 Social Security No. none

16 BIRTHPLACE (City)

(State or country) Poland

17 NAME OF

FATHER Isaac Goldstein

18 BIRTHPLACE OF

FATHER (City) Poland

(State or country)

19 MAIDEN NAME

OF MOTHER Rebecca (Cox)

20 BIRTHPLACE OF

MOTHER (City) Poland

(State or country)

21

Informant Sadie Goldstein(Address) 217 Shore drive Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph E. Senn  
(Signature of Agent of Board of Health or other)

HO  
(Official Designation)

Dec 4/1958  
(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. — General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**DEC 4 1958** RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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PLACE OF DEATH

Suffolk

(County)

Winthrop, Mass.

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

STANDARD

## CERTIFICATE OF DEATH

Registered No. 246

No. Winthrop Community Hospital St. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME Margaret Roth (Magdalene Elizabeth Roth) { **PHYSICIAN — IMPORTANT**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 988 Memorial Drive St. Cambridge, Mass.  
(Usual place of abode) 22 mins (If nonresident, give city or town and State)

Length of stay: In place of death. years. months. days. In place of residence. years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 (Month) 4 (Day) 58 (Year)

4 I HEREBY CERTIFY. That I attended deceased from 12-3, 1958, to 12-4, 1958

I last saw her alive on 12-4, 1958 death is said to have occurred on the date stated above, at 2:07 P. m.

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute ventricular dilata-  
tion

Due To (b) Myocardial heart disease

Due To (c) \_\_\_\_\_

OTHER SIGNIFICANT CONDITIONS Cerebro vascular accident

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

mins

yrs.

hrs.

Was autopsy performed? No  
What test confirmed diagnosis? \_\_\_\_\_

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Joseph G. Lee, M. D.

(Address) 12-4 Date 12-4 1958

6 Winthrop Cemetery Winthrop, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 6, 1958

7 NAME OF FUNERAL DIRECTOR Eastman Funeral Service Inc.

ADDRESS 896 Beacon St., Boston, Mass.

Received and filed Dec 11 1958 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Widowed

10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_

(Give maiden name of wife in full)  
(or) WIFE of John C. Roth Sr.  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 73 Years 5 Months 2 Days If under 24 hours  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_

13 Usual Occupation: Sales Lady  
(Kind of work done during most of working life)

14 Industry or Business: Coleman's

15 Social Security No. 010 - 10 - 9115

16 BIRTHPLACE (City) Channel  
(State or country) Newfoundland.

17 NAME OF FATHER Edwin J. Evans

18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) Newfoundland.

19 MAIDEN NAME OF MOTHER Elizabeth Jane Butt

20 BIRTHPLACE OF MOTHER (City) \_\_\_\_\_  
(State or country) Newfoundland.

21 Informant Mr. John C. Roth Jr. Son  
(Address) 988 Memorial Drive, Cambridge, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lerman  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation) 12/5/58 (Date of Issue of Permit)

100-11-55-916145

**EXTRACTS**  
**FROM THE LAWS OF THE**  
**COMMONWEALTH OF MASSACHUSETTS**  
**GOVERNING THE**  
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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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<b>SPACE FOR ADDITIONAL INFORMATION</b>	.....
<b>DATE OF ENTERING MILITARY SERVICE</b>	.....
<b>DATE OF DISCHARGE</b>	.....
<b>RANK, RATING</b>	.....
<b>ORGANIZATION AND OUTFIT</b>	.....
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SOM-11-56-918978

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 1947

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME Baby Boy DiDiego

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, **NO**  
if so specify WAR)

(a) Residence. No. 33 Cordis St.  
(Usual place of abode)

St. Charlestown  
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH 12 7 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
DEC 7, 1958, to DEC 7, 1958, 19  
I last saw him alive on DEC 7, 1958, death is said to  
have occurred on the date stated above, at 5:30 A. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) ANENCEPHALIC  
MONSTER

Due To PREMATUREITY (8 MONTHS)  
(b) (SIZE)

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? NO

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased NO  
If so, specify

(Signed) A. N. Caplan, M. D.  
186 Princeton St. East Boston Date 12-7-1958

6 HOLY CROSS CEMETERY MALDEN  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL DECEMBER 8, 1958

7 NAME OF FUNERAL DIRECTOR FRANK H. CARR  
ADDRESS 79 ELM ST. CHARLESTOWN

Received and filed DEC. 8, 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX M 9 COLOR wh 10 SINGLE (write the word)  
MARRIED single  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here. YES

12 AGE Years Months Days If under 24 hours  
Hours 30 Minutes

13 Usual Occupation: NONE  
(Kind of work done during most of working life)

14 Industry or Business: NONE

15 Social Security No. NONE

16 BIRTHPLACE (City) WINTHROP  
(State or country) MASS.

17 NAME OF FATHER SYLVESTER J. DiDiego

18 BIRTHPLACE OF FATHER (City) CAMDEN  
(State or country) NEW JERSEY

19 MAIDEN NAME OF MOTHER HELEN LEVINE

20 BIRTHPLACE OF MOTHER (City) BOSTON  
(State or country) MASS.

21 Informant SYLVESTER J. DiDiego  
(Address) 33 CORDIS ST. CHASN.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/17/58

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No. 248

PLACE OF DEATH

SUFFOLK

(County)

WINTHROP

(City or Town)



No.

WINTHROP COM. HOSP.

St. (If death occurred in a hospital or institution,  
give its NAME instead of street and number)

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)MAR 11 1958  
WAR I

(a) Residence. No.

(Usual place of abode)

53 LOWELL RD

St.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 2 days. In place of residence. 33 years. months. days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 7 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
December 5 1958, to December 7, 1958

I last saw him alive on December 7, 1958 death is said to

have occurred on the date stated above, at 10:30 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

4 hours

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute Pulmonary Edema

Due To Coronary Thrombosis

6 hours

Due To

OTHER SIGNIFICANT CONDITIONS Pneumonitis

2 1/2 days

Was autopsy performed? No

What test confirmed diagnosis? X-Ray &amp; Electro-cardiogram

5 Was disease or injury in any way related to occupation of deceased No

If so, specify

(Signed) John F. Gehring M. D.

(Address) 27 Bennington St., Date Dec. 9 1958  
Revere 51, Mass.

6 WINTHROP WINTHROP P.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL DEC 11 1958

7 NAME OF FUNERAL DIRECTOR

ADDRESS

Received and filed

DEC 10 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX 9 COLOR 10 SINGLE (write the word)

MALE WHITE MARRIED  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of (Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Installation  
Occupation: (Kind of work done during most of working life)

14 Industry or Business: NET &amp; TCO

15 Social Security No. 011-07-6478

16 BIRTHPLACE (City) Boston Mass  
(State or country)

17 NAME OF FATHER Michael D. Flynn

18 BIRTHPLACE OF FATHER (City) Boston

(State or country)

19 MAIDEN NAME OF MOTHER Marie Lehan

20 BIRTHPLACE OF MOTHER (City) Boston

(State or country)

21 Informant (Address) 53 LOWELL RD WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 12/10/58  
(Official Designation) (Date of Issue of Permit)

I.A. V

**EXTRACTS  
FROM THE LAWS OF THE**

**COMMONWEALTH OF MASSACHUSETTS  
GOVERNING THE  
RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhumate a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE 3/24/19

RANK, RATING Private

ORGANIZATION AND OUTFIT Ordnance Dept

SERVICE NUMBER 579742

*Alfred J. Brown, Jr. #299  
Capt. Com. & House Officer.*

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 54 Highland Ave.

2 FULL NAME Blanche J. Kelly

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 54 Highland Ave

(Usual place of abode)

St. (If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 36 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 7, 1958

(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April, 1954 to Dec 7, 1958

I last saw relative on Dec. 6, 1958 death is said to

have occurred on the date stated above, at 1:40 P.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute left Ventricular dilatation min.

Due To (b) Myocardial Heart Disease yrs.

Due To (c) Arteriosclerosis generalized yrs.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Gerson, M. D.

(Address) 94 Winthrop Ave. Date 12-8-58 1958

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 10, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Waley

ADDRESS Winthrop, Mass.

Received and filed DEC 10 1958 19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

Registered No. 249

To be filed for burial permit  
with Board of Health  
or its Agent.St. (If death occurred in a hospital or institution,  
{ give its NAME instead of street and number){ PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of John H. Kelly

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 76 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Housewife  
(Kind of work done during most of working life)

14 Industry or Business: Own Home

15 Social Security No. 16 BIRTHPLACE (City) Lowell Mass  
(State or country)

17 NAME OF FATHER Patrick Gately

18 BIRTHPLACE OF FATHER (City) Ireland  
(State or country)

19 MAIDEN NAME OF MOTHER Sarah E. Spellman

20 BIRTHPLACE OF MOTHER (City) England  
(State or country)21 Informant John H. Kelly  
(Address) 54 Highland Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Signature of Agent of Board of Health or other  
Health Officer 12/9/58  
(Official Designation) (Date of Issue of Permit)

VBV

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

(Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)

The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
MEDICAL EXAMINER'S  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 2511

No. en route to Winthrop Community/

Hospital  
(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

2 FULL NAME MITCHELL CHAFFIN  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence, No. 170 Cliff Avenue, Winthrop St.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 10 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY that I have investigated the death  
of the person above-named and that the CAUSE AND MANNER thereof  
are as follows: (If an injury was involved, state fully.)

CORONARY-ARTERY DISEASE

5 Accident, suicide, or homicide (specify)

Date and hour of injury .....19.....

Where did  
injury occur?

(City or town and State)

Did injury occur in or about home, on farm, in industrial place, or in

public place? .....  
(Specify type of place)

Manner of  
injury

(How did injury occur?)

Nature of  
injury

While at work? .....Was autopsy performed? .....

6 Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) Leonard Atkins, M. D.  
(Address) 25 Shattuck St., Date 12/11/58

7 Adath Jeshurun Grove St W Rox

Place of Burial, or Cremation. (City or Town)

DATE OF BURIAL December 12th 1958

8 NAME OF FUNERAL DIRECTOR Philip Briss

ADDRESS 470 Harvard Street Brookline

Received and filed DEC 15 1958 19.....

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

9 SEX male 10 COLOR OR RACE white 11 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED single

11a If married, widowed, or divorced

HUSBAND of .....  
(Give maiden name of wife in full)

(or) WIFE of .....  
(Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 62 Years.....Months.....Days If under 24 hours  
Hours.....Minutes

14 Usual Occupation: Proprietor  
(Kind of work done during most of working life)

15 Industry or Business: Gem optical Co.

16 Social Security No. ....

17 BIRTHPLACE (City) Russia  
(State or country)

18 NAME OF FATHER Zalmon Chaffin

19 BIRTHPLACE OF FATHER (City) Russia  
(State or country)

20 MAIDEN NAME OF MOTHER Olga Finkelstein

21 BIRTHPLACE OF MOTHER (City) Russia  
(State or country)

22 Informant Ira Chaffin  
(Address) 121 Rockaway Ave. Marbelhead

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Q. M. ... 15559  
(Official Designation) (Date of Issue of Permit) 12/13/58

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L. as amended by Chap. 48, Acts of 1927 and Chap. 414, Acts of 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.....Chap. 114, Sec. 46, G. L., as amended.

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

.....The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

### STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and manner thereof, and will specify: (1) Under cause the nature of an injury and of its consequences; and (2) under manner the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to disease, specify: (1) Under cause its known or presumable nature; and (2) under manner, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

SPACE FOR ADDITIONAL INFORMATION.....

DATE OF ENTERING MILITARY SERVICE.....

DATE OF DISCHARGE.....

RANK, RATING.....

ORGANIZATION AND OUTFIT.....

SERVICE NUMBER.....

301A

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50M-11-56-918978

PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 251

No. Winthrop Community Hospital

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME Mrs. Martha Wiggan (McDougal)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence, No. 23 Atlantic St.  
(Usual place of abode)

St. Winthrop (If nonresident, give city or town and State)

Length of stay: In place of death, years months 9 days. In place of residence, years 8 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 11 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
Nov 30, 1958, to 12/11, 1958.  
I last saw her alive on 12/11, 1958, death is said to  
have occurred on the date stated above, at 11:30 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
4 DAYS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA

Due To NEPHROSCLEROSIS (b) 1 YR

Due To ARTERIO-SCLEROTIC HEART  
(c) DIS WITH CONGESTIVE FAILURE 2 YRSOTHER SIGNIFICANT CONDITIONS JAUNDICE CAUSE UNDET. 3 DAYS  
PROB MALIGNANCYWas autopsy performed? NO  
What test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify(Signed) Myron H. King, M. D.  
(Address) 222 PLEASANT ST. WINTHROP Date 12/11 19586 PLACE OF BURIAL OR CREMATION Drivers  
(City or Town)  
DATE OF BURIAL Dec, 1958 197 NAME OF FUNERAL DIRECTOR W. H. King, Inc.  
ADDRESS 1000 N. Main St., WINTHROP

Received and filed DEC 15 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED "Widow"  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Harry W. Wiggan  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 74 Years 3 Months 16 Days If under 24 hours  
Hours Minutes13 Usual Occupation: School teacher - 40 yrs.  
(Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) East Boston  
(State or country) Massachusetts

17 NAME OF FATHER James McDougal

18 BIRTHPLACE OF FATHER (City) Chelsea  
(State or country) Scotland

19 MAIDEN NAME OF MOTHER Loretta Phillips

20 BIRTHPLACE OF MOTHER (City) Littleton  
(State or country) New York21 Informant Mrs. E. J. Cronin  
(Address) 1000 N. Main St., WINTHROPI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer 12/15/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without need of medical attendance or whose physician is absent from home when the death occurs and if death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATHRegistered No. 252

Suffolk

(County)

Winthrop

(City or Town)

No. 125 Cliff AveSt. { (If death occurred in a hospital or institution,  
give its NAME instead of street and number)2 FULL NAME Ellen R. Sullivan  
(If deceased is a married, widowed or divorced woman, give also maiden name.)PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR)(a) Residence. No. 59 Cottage Park Rd. St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death 2 years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence 4 years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 12, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
May 14, 1955 to December 12, 1958I last saw her alive on December 10, 1958, death is said to  
have occurred on the date stated above, at 8:35a.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Heart Disease

5 yrs.

Due To Generalized Arteriosclerosis over(b) 5 yrs.Due To  
(c) \_\_\_\_\_OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? \_\_\_\_\_5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify: \_\_\_\_\_(Signed) John F. Brennan, M. D.(Address) 27 Bennington St., Date Dec. 12, 1958  
Revere St. Mass.6 Holyhood Cemetery Brookline Mass  
Place of Burial or Cremation (City or Town)DATE OF BURIAL December 15, 19587 NAME OF FUNERAL DIRECTOR Arthur J. O'MaleyADDRESS Winthrop MassReceived and filed DEC 1 19 \_\_\_\_\_

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single10a If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 83 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If under 24 hours  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_13 Usual Occupation: At Home  
(Kind of work done during most of working life)14 Industry  
or Business: \_\_\_\_\_

15 Social Security No. \_\_\_\_\_

16 BIRTHPLACE (City) Boston  
(State or country) Mass17 NAME OF FATHER James Sullivan18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) Ireland19 MAIDEN NAME OF MOTHER Ellen Gilfeather20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass21 Informant Madeleine Cochrane  
(Address) 59 Cottage Park Rd. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph E. Brennan  
(Signature of Agent, Board of Health or other)  
H.O. Dec 15 - 1958  
(Official Designation) (Date of Issue of Permit)

PLACE OF DEATH

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301A

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# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourty-n, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

253

No. 12 Taylor

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Cosmo A. Cafano

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, W.W.II  
if so specify WAR)(a) Residence. No. 12 Taylor  
(Usual place of abode)St. Winthrop, Mass.  
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence 1 years 6 months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 15<sup>th</sup> 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
11-16, 1955 to Dec. 15, 1958  
I last saw him live on Dec 5, 1958, death is said to  
have occurred on the date stated above, at 6:45 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Acute left Ventricular  
Dilatation min

Due To (b) atherosclerosis yrs.

Due To (c) obesity yrs.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Joseph Spence, M. D.

(Address) 194 Washington St. Date 12-17-58

6 Holy Cross Malden  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 18, 1958

7 NAME OF FUNERAL DIRECTOR DiPietro & Vazza  
ADDRESS 11 Henry St, East Boston

Received and filed DEC 18 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Alice Russo  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 43 Years Months Days If under 24 hours  
Hours Minutes13 Usual Occupation: Shop Analyst  
(Kind of work done during most of working life)

14 Industry or Business: Shipyard

15 Social Security No. Can't Be Learned

16 BIRTHPLACE (City) Boston  
(State or country) Mass.

17 NAME OF FATHER Daniel Cafano

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Mary Ann Pantusco

20 BIRTHPLACE OF MOTHER (City) Boston  
(State or country) Mass.21 Informant Peter D. Cafano  
(Address) 12 Taylor St, WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Scannone  
(Signature of Agent of Board of Health or other)Health Officer 12/17/58  
(Official Designation) (Date of Issue of Permit)

H.B.V.

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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Chap. 114 Sec. 46, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE FEB. 10, 1942

DATE OF DISCHARGE NOV. 30, 1945

RANK, RATING STAFF SERGEANT

ORGANIZATION AND OUTFIT 1505 AAF BASE UNIT

SERVICE NUMBER 310 63751

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PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. 90 Main St.

2 FULL NAME Dennis J. O'Shea  
(If deceased is a married, widowed or divorced woman, give also maiden name.)(a) Residence. No. 90 Main St St. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)Length of stay: In place of death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. In place of residence 25 years \_\_\_\_\_ months \_\_\_\_\_ days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 16, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_.  
I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_\_, death is said tohave occurred on the date stated above, at 5:30 P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes  
Presumably Coronary OcclusionDue To  
(b) Arteriosclerotic heart  
DiseaseDue To  
(c) \_\_\_\_\_OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Clinical5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_(Signed) Arthur J. O'Maley M. D.  
Winthrop Bd. of Health 12-16-586 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)DATE OF BURIAL December 7 19587 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop MassReceived and filed DEC 19 1958 19\_\_\_\_

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.Registered No. 254(If death occurred in a hospital or institution,  
St. { give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
HUSBAND of Margaret Ford WIDOWED or MARRIED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Margaret Ford  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 78 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If under 24 hours  
Hours \_\_\_\_\_ Minutes \_\_\_\_\_13 Usual Occupation: Tailor  
(Kind of work done during most of working life)14 Industry or Business: Men's Clothing15 Social Security No. \_\_\_\_\_  
16 BIRTHPLACE (City) Co Kerry Ireland  
(State or country)17 NAME OF FATHER Timothy J. O'Shea18 BIRTHPLACE OF FATHER (City) \_\_\_\_\_  
(State or country) Ireland19 MAIDEN NAME OF MOTHER Johanna Foley20 BIRTHPLACE OF MOTHER (City) \_\_\_\_\_  
(State or country) Ireland21 Informant Margaret F. O'Shea  
(Address) 90 Main St., WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Arthur J. O'Maley  
(Signature of Agent of Board of Health or other)  
Health Officer (Official Designation)12/16/58  
(Date of Issue of Permit)

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

### SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

255

PLACE OF DEATH

(County) Worcester  
(City or Town) BostonNo. Common NY Hosp(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)2 FULL NAME JOSEPH CUTILLO  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) NO(a) Residence. No. 11 THURSTON  
(Usual place of abode)St. BOSTON

(If nonresident, give city or town and State)

Length of stay: In place of death 2 hrs. years — months — days. In place of residence 9 years — months — days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DEC 19 58  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
DEC 1, 1958, to DEC 19, 1958.  
I last saw him alive on DEC 19, 1958, death is said to  
have occurred on the date stated above, at 7:45 P.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH20 YEARS

## DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) GENERALIZED ARTERIO-  
SCLEROSIS +Due To CEREBRAL THROMBOSIS  
(b) 3 WEEKSDue To  
(c)OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? —What test confirmed diagnosis? —5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify(Signed) Charles J. Cataldo, M. D.  
(Address) 48 BRONX ST BOSTON Date DEC 19, 19586 Holy Cross Cemetery Malden  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec. 22, 19587 NAME OF FUNERAL DIRECTOR Raymond J. Cutillo  
ADDRESS 773 Broadway RerereReceived and filed DEC 22 1958, 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX MALE 9 COLOR WHITE 10 SINGLE (write the word)  
MARRIED MARRIED  
WIDOWED WIDOWED  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Consiglia Cotillo OK  
(Give maiden name of wife in full)(or) WIFE of \_\_\_\_\_  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 84 Years — Months 30 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Rail Road Crossing Tender Retired  
(Kind of work done during most of working life)14 Industry or Business: Rail Road15 Social Security No. 023-10-687816 BIRTHPLACE (City) Candide  
(State or country) Italy17 NAME OF FATHER Joseph Cutillo18 BIRTHPLACE OF FATHER (City) Candide  
(State or country) Italy19 MAIDEN NAME OF MOTHER Marguerite Champa20 BIRTHPLACE OF MOTHER (City) Candide  
(State or country) Italy21 Informant Raymond J. Cutillo  
(Address) 773 Broadway RerereI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) 12/19/58

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER



RECEIVED

301A

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## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATHRegistered No. 256

PLACE OF DEATH

Suffolk  
(County)Winthrop  
(City or Town)No. Mayflower Nursing Home(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)2 FULL NAME Sarah Barry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 209 Chestnut St  
(Usual place of abode)St. Chelsea  
(If nonresident, give city or town and State)Length of stay: In place of death 31 years 31 months 31 days. In place of residence 50 years 50 months 50 days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec 21 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY That I attended deceased from  
October 1958 to Dec 21, 1958I last saw her alive on Dec 21, 1958, death is said to  
have occurred on the date stated above, at 10:30 p.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
1 yr

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of  
stomachDue To  
(b)Due To  
(c)OTHER  
SIGNIFICANT  
CONDITIONSWas autopsy performed? No  
What test confirmed diagnosis? Lab. + XRAY5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify(Signed) W. J. Greenfield, M. D.(Address) ChelseaDate 12-22-19586 Chelsea Chemo. Kadisha Woburn  
Place of Burial or Cremation (City or Town)DATE OF BURIAL Dec 23 19587 NAME OF FUNERAL DIRECTOR TORF Funeral Service  
ADDRESS Washington Ave Chelsea

Received and filed

DEC 22 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX F9 COLOR White10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 74 Years 74 Months 74 DaysIf under 24 hours  
Hours Minutes

13 Usual

Occupation: Seamstress

(Kind of work done during most of working life)

14 Industry

or Business: Clothing Mfg.

15 Social Security No.

16 BIRTHPLACE (City)  
(State or country) Russia17 NAME OF  
FATHER Baron Barry18 BIRTHPLACE OF  
FATHER (City) Russia  
(State or country)19 MAIDEN NAME  
OF MOTHER Rosa Ross20 BIRTHPLACE OF  
MOTHER (City) Russia  
(State or country)

21

Informant  
(Address) Maxwell Barry  
508 Worcester St WintonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Secan  
(Signature of Agent of Board of Health or other)Health Officer 12/23/58  
(Official Designation)

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

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**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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50M-5-57-920345

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHTo be filed for burial permit  
with Board of Health  
or its Agent.

Registered No.

252

No. 38 Irwin St.

{(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Ottavio DelVecchio

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

{(Was deceased a  
U. S. War Veteran,  
if so specify WAR) no(a) Residence. No. 38 Irwin St  
(Usual place of abode)

St. Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death 6 years months days. In place of residence 6 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 22 58  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
April 4, 1949, to Dec 22, 1958I last saw him alive on Dec 20, 1958, death is said to  
have occurred on the date stated above, at 4 A.M.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis  
CORONARY THROMBOSISDue To Arteriosclerotic Heart Disease  
(b) ARTERIOSCLEROTIC HEART DISEASEDue To Lues  
(c) LUESOTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? No

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased No  
If so, specify

(Signed) G. Guy Grande, M. D.

(Address) 20 Sarah St. Boston Date Dec 23, 1958

6 Holy Cross Cemetery Malden

Place of Burial or Cremation (City or Town)

DATE OF BURIAL 12 - 24 - 58 19

7 NAME OF FUNERAL DIRECTOR Vincent Rapino

ADDRESS 9 Chelsea St. East Boston

Received and filed

DEC 23 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED widowed

male

white

10a If married, widowed, or divorced

HUSBAND of Maria DiMaggio  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 75 Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation: Laborer

(Kind of work done during most of working life)

14 Industry

or Business: Retired

15 Social Security No.

012-05-5160

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF  
FATHER

Christoforo DelVecchio

18 BIRTHPLACE OF

FATHER (City) Italy

(State or country)

19 MAIDEN NAME

OF MOTHER Anna (unknown)

20 BIRTHPLACE OF

MOTHER (City) Italy

(State or country)

21

Informant  
(Address)

Christoforo DelVecchio (nephew)

38 Irwin Street Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:Ralph C. Surranus  
(Signature of Agent or Board of Health or other)Health Officer  
(Official Designation)12/23/58  
(Date of Issue of Permit)

# EXTRACTS

FROM THE LAWS OF THE

## COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

### RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the cause of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars, or the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteen, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border crisis of nineteen hundred and sixteen and nineteen hundred and seventeen. . . L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and move it from a town, from one cemetery to another, or from one grave or tomb there to the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there all have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . General Laws, Chap. 38, Sec. 6, as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

#### RECEIVED DEC 29 1945 PM RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include those deaths caused directly or indirectly by traumatism (including resulting complications) and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

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# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD CERTIFICATE OF DEATH

Registered No. **258**

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



No. **15** Paine St.

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number)

2 FULL NAME **Joseph Leo Mulloy**

(If deceased is a married, widowed or divorced woman, give also maiden name.)

**PHYSICIAN - IMPORTANT**

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. **15 Paine Street**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death **60** years **60** months **60** days. In place of residence **60** years **60** months **60** days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 22, 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
**June 11, 1951, to Dec. 22, 1958**

I last saw him alive on **Dec. 21, 1958**, death is said to  
have occurred on the date stated above, at **3:30 a.m.**

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

**15 yrs**

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Osteitis Deformans (Paget's)**  
(Disease)

Due To **Arteriosclerotic heart**  
(b) **disease**

**8 yrs.**

Due To  
(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? **no**

What test confirmed diagnosis? **Clinical & laboratory**

5 Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify

(Signed) **H. Tranter, Jr. M.D.**

(Address) **73 Bartlett Rd., Winthrop 52, Mass.** Date **Dec. 23, 1958**

6 **Winthrop Cemetery Winthrop**

Place of Burial or Cremation (City or Town)

DATE OF BURIAL **December 24, 1958**

7 NAME OF FUNERAL DIRECTOR **Alfred B. Marsh**

ADDRESS **174 Winthrop St., Winthrop**

Received and filed **DEC 29 1958**

(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word)  
**MARRIED married**  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of **Elizabeth Morgan**  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE **78** Years **4** Months **10** Days If under 24 hours  
Hours Minutes

13 Usual Occupation: **Retired Composer**  
(Kind of work done during most of working life)

14 Industry or Business: **Newspaper Office**

15 Social Security No. **021-05-8478**

16 BIRTHPLACE (City) **East Boston** Mass.  
(State or country)

17 NAME OF FATHER **William A. Mulloy**

18 BIRTHPLACE OF FATHER (City) **East Boston**  
(State or country) **Mass.**

19 MAIDEN NAME OF MOTHER **Adelaide Crandall**

20 BIRTHPLACE OF MOTHER (City) **East Boston**  
(State or country) **Mass.**

21 Informant **Mrs. Joseph I. Mulloy**  
(Address) **15 Paine St. Winthrop**

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:  
**Ralph C. Sweeney, Jr.**  
(Signature of Agent of Board of Health or other)  
**Health Officer** (Official Designation) **12/27/58** (Date of Issue of Permit)

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE .....

DATE OF DISCHARGE .....

RANK, RATING .....

ORGANIZATION AND OUTFIT .....

SERVICE NUMBER .....

### RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

RECEIVED



DEC 24 1958 AM

PLACE OF DEATH

(County)

Winthrop

(City or Town)

No. 46 Wilshire Street

FOSTER DeGIACOMO

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

137 Country Lane

(Usual place of abode)

St.

Westwood

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....3.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 24 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

4/5/49, to Dec. 24, 1958

I last saw him alive on Dec. 18, 1958, death is said to

have occurred on the date stated above, at 8 P. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

1 hr.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Coronary Thrombosis

Due To

(b) Coronary Artery Disease

Due To

(c) Coronary Thrombosis + Hypertension

10 yrs.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed?

No

What test confirmed diagnosis? Many EKG's

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed)

C. H. Contiatti

M. D.

(Address)

Brookline Mass. Date 12/25 1958

6

St. Michaels Cem.

Boston, Mass.

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

December 27,

19

58

7 NAME OF

FUNERAL DIRECTOR

John F. Holden

ADDRESS

55 High Rock St. Westwood.

Received and filed

DEC 29 1958

19

(Registrar)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

259

(If death occurred in a hospital or institution,  
give its NAME instead of street and number)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED Married  
WIDOWED  
or DIVORCED

10a If married, widowed, or divorced

HUSBAND of Frances Bruno

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 62

Years

Months

Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Attorney

(Kind of work done during most of working life)

14 Industry

or Business:

New York New Haven &amp; Hartford

15 Social Security No.

16 BIRTHPLACE (City)

(State or country)

Italy

17 NAME OF

FATHER

Joseph DeGiacomo

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Italy

19 MAIDEN NAME

OF MOTHER

Rose Semenari

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Italy

21

Informant

(Address)

Mrs. Frances DeGiacomo

137 Country Lane Westwood

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

Health Officer

(Official Designation)

12/26/58

(Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

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**SPACE FOR ADDITIONAL INFORMATION**

**DATE OF ENTERING MILITARY SERVICE**

**DATE OF DISCHARGE**

**RANK, RATING**

**ORGANIZATION AND OUTFIT**

**SERVICE NUMBER**

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.STANDARD  
CERTIFICATE OF DEATH

Registered No.

261

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)

No. Winthrop Community Hosp

(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number})

2 FULL NAME

ANNE M. HURLEY

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, NO  
if so specify WAR)

(a) Residence. No.

1008 Shirley St

St.

Winthrop Mass

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months 4 days. In place of residence 23 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

December 27, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 21, 1958, to Dec 27, 1958

I last saw her alive on Dec 27, 1958 death is said to

have occurred on the date stated above, at 6:10 PM

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 Days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) UREMIA

Due To

Carcinoma of Kidney

(b)

1st Known Dec 21

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Pneumonia

4 Days

Was autopsy performed?

NO

What test confirmed diagnosis?

Pathological Exam

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John F. Collins

M. D.

(Address)

Revere MASS Date 27 Dec 1958

6

Place of Burial or Cremation

Winthrop Cemetery, Winthrop

(City or Town)

DATE OF BURIAL

December 31, 1958

7 NAME OF

FUNERAL DIRECTOR

John G. Kelly

ADDRESS

286 Meridian St., E. B.

Received and filed

DEC 29 1958

19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Female

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
or DIVORCED

Married

10a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

(Give maiden name of wife in full)

James J. Hurley  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 59 Years 3 Months 20 Days

If under 24 hours

Hours Minutes

13 Usual  
Occupation:

House wife

(Kind of work done during most of working life)

14 Industry  
or Business:

own home

15 Social Security No.

none

16 BIRTHPLACE (City)  
(State or country)

Bay Roberts

Newfoundland

17 NAME OF  
FATHER

Michael Cullen

18 BIRTHPLACE OF

FATHER (City)

Bay Roberts

(State or country)

Newfoundland

19 MAIDEN NAME

OF MOTHER

Margaret Keefe

20 BIRTHPLACE OF

MOTHER (City)

Bay Roberts

(State or country)

Newfoundland

21

Informant

(Address)

James J. Hurley

1008 Shirley St., Wm.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Lecomte

(Signature of Agent of Board of Health or other)

Health Officer  
(Official Designation)12/29/58  
(Date of Issue of Permit)

V.B.V.

## EXTRACTS

FROM THE LAWS OF THE

### COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

## RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

. . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

## RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposedly due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

## SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

PLACE OF DEATH

Suffolk

(County)

Winthrop

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 262

No. 19 Sunset Road

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)}

2 FULL NAME William F. Driscoll

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

{(Was deceased a  
U. S. War Veteran  
(if so specify WAR) WW 2 & Korean

(a) Residence. No. 19 Sunset Road, Winthrop St.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 30 years 6 months 26 days. In place of residence 3 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 28 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 , death is said to

have occurred on the date stated above, at 11:25 P.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Natural Causes

Due To (b) Presumably Coronary Occlusion sudden

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? no

What test confirmed diagnosis? Clinical - E.C.G.

5 Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) Arthur C. Murray, M. D.

Address: Winthrop Board of Health Date 29 Dec 1958

6 Winthrop Cemetery, Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 31st 19 58

7 NAME OF FUNERAL DIRECTOR Richard C. Kirby  
ADDRESS 917 Bennington St., E. Boston

Received and filed DEC 29 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Married

10a If married, widowed, or divorced  
HUSBAND of Harriet T. Hogan  
(Give maiden name of wife in full)

(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 30 Years 6 Month 26 Days If under 24 hours  
Hours Minutes

13 Usual Occupation: Fleet Service Clerk  
(Kind of work done during most of working life)

14 Industry or Business: Eastern Air Lines

15 Social Security No. C30-20-3435

16 BIRTHPLACE (City) Winthrop Mass  
(State or country)

17 NAME OF FATHER Maurice F. Driscoll

18 BIRTHPLACE OF FATHER (City) Quincy Mass.  
(State or country)

19 MAIDEN NAME OF MOTHER Agnes M. Fitzgerald

20 BIRTHPLACE OF MOTHER (City) Charlestown Mass  
(State or country)

21 Informant Mrs. Harriet T. Driscoll-wife  
(Address) 19 Sunset Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

Ralph C. Murray  
(Signature of Agent of Board of Health or other)

Health Officer 12/29/58  
(Official Designation) (Date of Issue of Permit)

**EXTRACTS**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE

**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died, or no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the

death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of persons as are supposed to have died by violence, or by the action of chemical, thermal or electrical agents or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or when any person is found dead. . . — General Laws, Chap. 38, Sec. 6., as amended by Chap. 632, Sec. 4, Acts of 1945.

No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.

Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from town when the certificate of death is needed.

**Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons) thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**      **USN**

**DATE OF ENTERING MILITARY SERVICE**      **Dec.9,1949**

**DATE OF DISCHARGE**      **Sept.30,1952**

**RANK, RATING**      **Stock Clerk**

**ORGANIZATION AND OUTFIT**      **USN**

**SERVICE NUMBER**      **751 80 69**

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSTo be filed for burial permit  
with Board of Health  
or its Agent.

Suffolk

(County)

Winthrop

(City or Town)

STANDARD  
CERTIFICATE OF DEATH

Registered No. 263

No. 142 Pleasant St. Winthrop, Massachusetts (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter E. Daw  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran, No  
if so specify WAR)(a) Residence. No. 362 Shirley St  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 1 years 6 months days. In place of residence 50 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 29, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
12/25, 1958, to 12/29, 1958  
I last saw him alive on 12/29, 1958, death is said to  
have occurred on the date stated above, at 1:30 P. m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 DAYS

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) PNEUMONIA - RT. LUBAR

Due To (b) ARTERIO SCLEROTIC HEART DIS 5 YRS

Due To (c) GENERAL ARTERIO SCLEROSIS 5 YRS

OTHER  
SIGNIFICANT  
CONDITIONS NONEWas autopsy performed? NO  
What test confirmed diagnosis? CLINICAL5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify.

(Signed) Myron H. King, M. D.

(Address) 222 Pleasant St. Winthrop 12/29/58

6 Winthrop Winthrop  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 31, 1958

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
ADDRESS Winthrop Mass.

Received and filed DEC 30 1958 19

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED or DIVORCED Married10a If married, widowed, or divorced  
HUSBAND of (Give maiden name of wife in full)(or) WIFE of Delia A. Cassell  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 38 Years Months Days 13 If under 24 hours  
Hours Minutes13 Usual Occupation Retired Plumber  
(Kind of work done during most of working life)

14 Industry or Business Plumbing

15 Social Security No.

16 BIRTHPLACE (City) Paignton  
(State or country) England

17 NAME OF FATHER Cannot be learned

18 BIRTHPLACE OF FATHER (City)  
(State or country) England

19 MAIDEN NAME OF MOTHER Cannot be learned

20 BIRTHPLACE OF MOTHER (City)  
(State or country) England21 Informant Robert T. Daw  
(Address) 362 Shirley St. WinthropI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with the BEEFIRE the burial or transit permit was issued:Walter C. Sullivan, Jr.  
(Signature of Agent of Board of Health or other)Health Officer 12/30/58  
(Official Designation) (Date of Issue of Permit)

V.V.A.

**EXECUTES**  
FROM THE LAWS OF THE  
**COMMONWEALTH OF MASSACHUSETTS**  
GOVERNING THE  
**RETURN OF CERTIFICATES OF DEATH**

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteenth, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer, shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

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No undertaker or other persons shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

**RULES OF PRACTICE**

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

- (1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.
- (2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.
- (3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism including resulting septicemia, and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

**Statement of Cause of Death.**—Physicians: see explanatory instructions on face side of standard certificate of death.

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed, or if the deceased had retired from business, report the kind of work done during most of working life even if retired. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

**SPACE FOR ADDITIONAL INFORMATION**

DATE OF ENTERING MILITARY SERVICE

DATE OF DISCHARGE

RANK, RATING

ORGANIZATION AND OUTFIT

SERVICE NUMBER

301A

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IFICATE

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50M-1-58-921876

1959

PLACE OF DEATH

Suffolk

(County)

Brighton

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT-OF-TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

264

STANDARD  
CERTIFICATE OF DEATH

Registered No. 10522

No. St. Elizabeth's Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

(Mrs) Ethel Lloyd McLaughlin

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, no  
if so specify WAR)

(a) Residence. No.

(Usual place of abode)

9 Albert Ave

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death 0 years 0 months 2 hrs days. In place of residence 36 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF  
DEATH

Nov. 7 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Nov. 7, 1958 to Nov. 7, 1958

I last saw her alive on Nov. 7, 1958, death is said to

have occurred on the date stated above, at 8:15 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 hrs

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Intracerebral hemorrhage

Due To

(b) arteriosclerotic cerebral  
Art. dis.

Due To

(c) severe hypertension

yrs.

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed)

John F. Lee M.D.

M. D.

(Address)

St. Elizabeth's Hosp Date Nov 7 1958

6 Winthrop Cemetery, Winthrop

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL November 11, 1958

7 NAME OF

FUNERAL DIRECTOR

Ernest P. Caggiano

ADDRESS

147 Winthrop St., Winthrop

Received and filed

Charles H. Mackie NOV 17 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

female

9 COLOR

white

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

widowed

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of George O. Lloyd Sr.

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE

63 Years 2 Months 4 Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Housewife

(Kind of work done during most of working life)

14 Industry

or Business:

at home

15 Social Security No.

16 BIRTHPLACE (City)

East Boston  
Massachusetts

17 NAME OF

FATHER Michael McLaughlin

18 BIRTHPLACE OF

FATHER (City) East Boston

(State or country)

Massachusetts

19 MAIDEN NAME

OF MOTHER

Annie Call

20 BIRTHPLACE OF

MOTHER (City)

Bangor

(State or country)

Maine

21

Informant

(Address)

Mrs. June Doherty

9 Albert Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

William J. Kane

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:


*Charles R. Mackie*

City Registrar

RECEIVED



FEB - 21 1959 AM

SUFFOLK (County) BOSTON (City or Town)		 The Commonwealth of Massachusetts EDWARD J. CRONIN SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH BAKER MEMORIAL MASSACHUSETTS GENERAL HOSPITAL		OUT - OF - TOWN To be filed for burial permit with Board of Health or its Agent. 10999	
1 PLACE OF DEATH		No. _____		(If death occurred in a hospital or institution, St. {give its NAME instead of street and number})	
2 FULL NAME <u>Alice Maude Jordan</u> (If deceased is a married, widowed or divorced woman, give also maiden name.)		3 DATE OF DEATH <u>November 21, 1958</u> (Month) (Day) (Year)		PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)	
(a) Residence. No. <u>15 Belcher</u> (Usual place of abode)		St. <u>Winthrop, Massachusetts</u> (If nonresident, give city or town and State)			
Length of stay: In place of death <u>16</u> months <u>16</u> days. In place of residence <u>35</u> years _____ months _____ days.					
MEDICAL CERTIFICATE OF DEATH		PERSONAL AND STATISTICAL PARTICULARS			
3 I HEREBY CERTIFY, That <u>she</u> attended deceased from <u>November 5, 1958 to November 21, 1958</u> last saw her alive on <u>November 21, 1958</u> , death is said to have occurred on the date stated above, at <u>1:15 p.m.</u>		8 SEX <u>female</u> 9 COLOR <u>white</u> 10a If married, widowed, or divorced HUSBAND of _____ (Give maiden name of wife in full) (or) WIFE of <u>Albert Edward Johnson</u> (Husband's name in full)		10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>304 YRS.</u>		11 If <u>BORN</u> , enter that fact here. 12 AGE <u>77</u> years <u>4</u> months <u>1</u> days If under 24 hours _____ hours _____ minutes	
Due To (b) <u>CORONARY SCLEROSIS</u> Due To (c) _____		13 Usual Occupation: <u>housework</u> (State of work during most of working life)		14 Industry or Business: <u>own home</u>	
OTHER SIGNIFICANT CONDITIONS		15 Social Security No. <u>none</u>		16 BIRTHPLACE (City) <u>Gloucester</u> (State or country) <u>Mass.</u>	
Was autopsy performed? <u>Yes</u> What test confirmed diagnosis? <u>Autopsy</u>		17 NAME OF FATHER <u>Thomas Shields</u>		18 BIRTHPLACE OF FATHER (City) <u>Seelicktown</u> (State or country) <u>Pa.</u>	
5 Was disease or injury in any way related to occupation of deceased? If so, specify _____		19 MAIDEN NAME OF MOTHER <u>Annie Carrigan</u>		20 BIRTHPLACE OF MOTHER (City) <u>Cork</u> (State or country) <u>Ireland</u>	
(Signed) <u>Ch. Clay</u> , M. D. (Address) <u>Asst. Dir. Mass. Gen'l Hosp.</u> Date <u>11-21-58</u>		21 Informant <u>Mrs. Edward B. Wider</u> (Address) <u>89 Upland Rd. Winthrop</u>		I HEREBY CERTIFY that a satisfactory (Italian) certificate of death was filed with me BEFORE the burial or transfer of the body was issued: <u>Charles M. [Signature]</u> (Signature of Agent of Board of Health or other)	
6 <u>Booth Road Cemetery</u> Place of Burial or Cremation (City or Town) <u>Winchester</u>		7 NAME OF FUNERAL DIRECTOR <u>Edward B. March</u> ADDRESS <u>174 Winthrop St. Winthrop, Mass.</u>		(Official Designation)	
Received and filed _____ DEC - 21 - 1958 <u>Charles M. [Signature]</u> (Registrar)				(Date of Issue of Permit)	

A TRUE COPY ATTEST:

*Charles H. Mackie*

Notary Public

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FEB 2 1959 AM

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60M-1-58-921876

2 1958

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

## STANDARD

## CERTIFICATE OF DEATH

Registered No. 10915

No. The Boston Floating Hospital, 20 Ash St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME COLLIGNON, Jeffrey

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR)

(a) Residence. No. 8 Vine Avenue

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 19 days. In place of residence years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 22 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
November 3, 1958 to November 22, 1958

I last saw him alive on November 22, 1958, death is said to

have occurred on the date stated above, at 4:30 a. m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CARDIORESPIRATORY FAILURE

Due To (b) TUMOR OF RIGHT OCCIPITAL  
LOBE OF BRAIN

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? YES

What test confirmed diagnosis? CRANIOTOMY

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Gray &amp; Glanville, M. D.

(Address) NEW ENGL. CENT. H. Date Nov 22, 1958

6 Place of Burial or Cremation Winthrop (City or Town)

DATE OF BURIAL November 24, 1958

7 NAME OF FUNERAL DIRECTOR Muriel J. Parley

ADDRESS 210 Winthrop St. Winthrop

Received and filed NOV 25 1958

Charles A. Mearns

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Single10a If married, widowed, or divorced  
HUSBAND of

(Give maiden name of wife in full)

WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 3 Years 8 Months Days If under 24 hours  
Hours Minutes

13 Usual Occupation: (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No.

16 BIRTHPLACE (City) New Can (State or country)

17 NAME OF FATHER Douglas H Collignon

18 BIRTHPLACE OF FATHER (City) Niagara Falls (State or country) N.Y.

19 MAIDEN NAME OF MOTHER Jean F McCarthy

20 BIRTHPLACE OF MOTHER (City) Winthrop (State or country)

21 Informant Douglas H Collignon (Address) 8 Wm Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Eugene McDonald 615136 (Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit) Nov 23 1958

X

Charles H. McKittrick

City Registrar

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FEB - 2 1959 AM

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2 1959

PLACE OF DEATH

Suffolk  
(County)Boston  
(City or Town)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATHOUT OF TOWN  
To be filed for burial permit  
with Board of Health  
or its Agent. 68

Registered No. 10953

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME George M. NUTTING

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WW I(a) Residence. No. 120 Crest Avenue  
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years 1 months 23 days. In place of residence 2 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 22 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
September 30, 58 to November 22, 1958~~Death occurred on the date stated above, at 12:10 P.m.~~ death is said to

have occurred on the date stated above, at 12:10 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Inanition and pulmonary  
insufficiency.INTERVAL  
BETWEEN  
ONSET AND  
DEATH

months

Due To (b) Carcinoma of the extrinsic  
larynx with extensive metastasis. years

Due To (c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) John L. Myers, M. D.

(Address) VA Hospital, Boston Date Nov. 22 19 58

6 Holyhood Cemetery Brookline  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 25 19 58

7 NAME OF FUNERAL DIRECTOR Frank Lally

ADDRESS 496 Harvard St., Brookline, Mass.

Received and filed by Charles A. Mackay 19

NOV 23 1958

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED  
or DIVORCED Divorced10a If married, widowed, or divorced  
HUSBAND of Katherine Lawlor  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 60 Years 7 Months 12 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Salesman  
(Kind of work done during most of working life)

14 Industry or Business: Advertising

15 Social Security No. CVP 1

16 BIRTHPLACE (City) Fitchburg  
(State or country) Massachusetts

17 NAME OF FATHER Henry Nutting

18 BIRTHPLACE OF FATHER (City) Greenfield  
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Julia M. Costello

20 BIRTHPLACE OF MOTHER (City) Fitchburg  
(State or country) Massachusetts21 Informant VA Hospital Records  
(Address) 150 So. Huntington Ave., BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

A. Marano E15196

(Signature of Agent of Board of Health or other)

Nov 24 58

(Official Designation)

(Date of Issue of Permit)

60M-1-58-921876

A TRUE COPY ATT: 71:

Charles A. Mackie

City Registrar

RECEIVED

FEB - 2 1959

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



# The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD CERTIFICATE OF DEATH

CUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. **11094**

No. Veterans Administration Hospital

{(If death occurred in a hospital or institution,  
St. {give its NAME instead of street and number)

2 FULL NAME Frederick W. DREW

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT  
(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WY I

(a) Residence, No. 106 Bellevue Avenue

St. Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 2 years 2 months 2 days. In place of residence 2 years 2 months 2 days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH November 26 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from  
November 24, 1958, to November 26, 1958

~~Death is said to~~  
have occurred on the date stated above, at 5:55 P.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
Acute antero-septal and posterior  
(a) myocardial infarctions due to  
total occlusion of left and right  
coronary artery.

(b) 2. Severe emphysema of lungs.

3. Severe congestion and edema

Due To of lungs.

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul J. Killoran

(Address) VA Hospital, Boston Date Nov. 27 1958

6 Winthrop Cemetery Winthrop

Place of Burial or Cremation (City or Town)

DATE OF BURIAL November 29 1958

7 NAME OF FUNERAL DIRECTOR Reynolds Funeral Home

ADDRESS 180 Winthrop St., Winthrop, Mass.

Received and filed

Charles H. [Signature] DEC - 2 1958  
(Registrar)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED Legal  
WIDOWED  
or DIVORCED Separation

10a If married, widowed, or divorced  
HUSBAND of [Signature]  
(Give maiden name of wife in full)

(or) WIFE of [Signature]  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 11 Months 29 Days  
If under 24 hours  
Hours Minutes

13 Usual Occupation: Guard  
(Kind of work done during most of working life)

14 Industry or Business: Merchants National Bank

15 Social Security No. 029-05-9772

16 BIRTHPLACE (City) East Boston  
(State or country) Massachusetts

17 NAME OF FATHER Fred E. Drew

18 BIRTHPLACE OF FATHER (City) East Boston  
(State or country) Massachusetts

19 MAIDEN NAME OF MOTHER Nellie E. Knowlton

20 BIRTHPLACE OF MOTHER (City) Rockland  
(State or country) Maine

21 Informant VA Hospital Records  
(Address) 150 So. Huntington Ave., Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death  
has filed with me BEFORE the burial or transit permit was issued:

[Signature]  
(Signature of Agent of Board of Health or other)

6219  
(Official Designation)

11-28-58  
(Date of Issue of Permit)

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1958

A TRUE COPY ATTEST:

*Robert M. Mackie*

City Registrar

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FEB - 2 1959 AM

PLACE OF DEATH

MIDDLESEX

(County)

NEWTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

NEWTON

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No. 713 278

No. Newton Wellesley Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Dorris

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, No if so specify WAR)

(a) Residence. No. 42 Irwin

(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 5 days. In place of residence 16 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 2, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1958, to Dec. 2, 1958, 19

I last saw him live on Dec. 2, 1958, 19, death is said to have occurred on the date stated above, at 12:05 P.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Carcinoma of Prostate  
c extensive MetastasesINTERVAL  
BETWEEN  
ONSET AND  
DEATH

? 4 mos

Due To (b)

Due To (c)

ASHD c Cong. Failure

OTHER SIGNIFICANT CONDITIONS Gastric Ulcer c Massive G I Hemorrhage

?

Was autopsy performed? yes

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? If so, specify NO

(Signed) Diane Johnson, M. D.

(Address) N.W.H. Date Dec. 2, 1958

6 Onichty Cemetery Melrose  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL Dec. 4, 1958

7 NAME OF FUNERAL DIRECTOR Torf Funeral Service Inc  
ADDRESS 151 Washington Ave., Chelsea

Received and filed 1-13-59

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED  
WIDOWED  
OR DIVORCED

10a If married, widowed, or divorced

HUSBAND of Rose Butler  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE 74 Years Months Days

If under 24 hours  
Hours Minutes

13 Usual

Occupation: Retired Painter

(Kind of work done during most of working life)

14 Industry or Business:

House Painter

15 Social Security No. 021-07-8930

16 BIRTHPLACE (City) (State or country)

Russia

17 NAME OF FATHER

Samuel David Dorris

18 BIRTHPLACE OF

FATHER (City) Unknown

(State or country)

Russia

19 MAIDEN NAME

OF MOTHER Sarah Rebecca (C.N.B.I.)

20 BIRTHPLACE OF MOTHER (City)

Unknown

(State or country)

Russia

21

Informant Alexander Dorris

(Address) 27 Ardmore Rd., West Newton

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 8, 1958

19.

V.B.V.

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PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent

Registered No. 11380

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME Eugene B. LINCH

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, WW I  
if so specify WAR)(a) Residence. No. 41 Cutler  
(Usual place of abode)

St. Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death years months 23 days. In place of residence 1 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 3 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
November 10, 1958, to December 3, 1958Death is said to  
have occurred on the date stated above, at 12:35P.m.INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
Weeks

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Recent antero-septal myocardial  
infarctionDue To Atherosclerotic coronary  
(b) thrombosis

Weeks

Due To Carcinoma of the esophagus  
(c)OTHER  
SIGNIFICANT  
CONDITIONS

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy & Clinical  
findings5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify(Signed) Melvin Parnollant, M.D., M. D.  
(Address) VAN Boston, Mass. Date 12-4-19586 Holy Cross Cemetery, Malden, Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 6 1958

7 NAME OF FUNERAL DIRECTOR John Sawyer  
ADDRESS 329 Bunker Hill St. Charlestown Mass

Received and filed

DEC - 9 - 1958

Charles H. MacKie (Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Margaret R. Cunning  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 65 Years 10 Months 12 Days  
If under 24 hours  
Hours Minutes13 Usual Occupation: Postal Worker  
(Kind of work done during most of working life)14 Industry  
or Business:

15 Social Security No. 031-28-5963

16 BIRTHPLACE (City) Boston  
(State or country) Massachusetts

17 NAME OF FATHER Michael Lynch

18 BIRTHPLACE OF FATHER (City) County Cork  
(State or country) Ireland

19 MAIDEN NAME OF MOTHER Bridget Brannigan

20 BIRTHPLACE OF MOTHER (City) Ireland  
(State or country)21 Informant VA Hospital Records, 150 So.  
(Address) Huntington Ave., Boston, Mass.I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

344  
(Official Designation)12-5-58  
(Date of Issue of Permit)

Civil Registrar

FEB - 2 1959 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

50M-11-55-916148

PLACE OF DEATH

Suffolk

(County)

Chelsea

(City or Town)

Soldiers' Home Hospital

No.

Joseph J. Murray

2 FULL NAME

(If deceased is a married, widowed or divorced woman, give also maiden name.)

49 Pebble Ave.

(a) Residence, No.

(b) (If nonresident, give city or town and State)

Winthrop, Mass.

(If nonresident, give city or town and State)

Length of stay: In place of death. years. months. 1 days. In place of residence. years. months. days.

# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Chelsea

(City or Town making this return)

COPY OF

CERTIFICATE OF DEATH

Registered No.

626

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 3, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 3

19

58

to Dec. 3

19

58

I last saw him alive on Dec. 3, 1958, death is said to

6:22p.

have occurred on the date stated above, at

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Pontine hemorrhage

12 hrs.

Due To

Hypertensive vascular

(b)

disease

3 yrs.

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Chronic glomerulonephritis

12 yrs.

yes

Was autopsy performed?

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

L. Lowenstein

(Signed)

Soldiers' Home

Date 12/4/58

M. D.

(Address)

Winthrop Cem., Winthrop, Mass.

6

Place of Burial or Cremation Dec. 6, 1958 (City or Town)

DATE OF BURIAL

John F. O'Maley

7 NAME OF FUNERAL HOME

70 Atlantic St., Winthrop, Mass.

ADDRESS

Received and filed

1-15-59

19

(Registrar of City or Town where deceased resided)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

Married

10a If married, widowed or divorced

HUSBAND of Helen Sullivan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

37

Years

1

Months

5

Days

If under 24 hours

Hours.....Minutes

13 Usual

Occupation:

Clerk

(Kind of work done during most of working life)

14 Industry

or Business

American Airlines

15 Social Security No.

018-18-6632

16 BIRTHPLACE (City)

(State or country)

Brighton, Mass.

17 NAME OF FATHER

Terrence

18 BIRTHPLACE OF FATHER (City)

Boston, Mass.

(State or country)

19 MAIDEN NAME OF MOTHER

cannot be learned

20 BIRTHPLACE OF MOTHER (City)

(State or country)

21

Informant

(Address)

Hospital Records

TRUE COPY

ATTEST:

Joseph A. Terrell

(Registrar of City or Town where death occurred)

DATE FILED

Dec. 4, 1958

19

RECEIVED



JAN 15 1953 AM

ENTERED	8/28/40
DISCHARGED	8/21/45
RANK	Pvt.
OUTFIT	Inf.R.A.
SERVICE NO.	1100 3032

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)

No. Danvers State Hospital

# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

## COPY OF

## CERTIFICATE OF DEATH

Registered No. 220

{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME Joseph LaRoche-----  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence. No. 22 Shore Rd., Winthrop, Mass. St. (If nonresident, give city or town and State)

Length of stay: In place of death.....years 9 months 4 days. In place of residence.....years.....months.....days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH Dec. 5, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from March 1, 1958 to Dec. 5, 1958  
I last saw him alive on Dec. 5, 1958, death is said to have occurred on the date stated above, at 8:20 a.m.

INTERVAL BETWEEN ONSET AND DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Arteriosclerotic Ht.

Disease

yrs.

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS Bronchial Asthma

yrs.

Was autopsy performed? no  
What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Andrew Nichols, III, M. D.

(Address) Hathorne, Mass Date 12/5/58  
St. James Cemetery, Manchester

6 Place of Burial or Cremation Dec. 8, 1958 (City or Town) Conn.

DATE OF BURIAL 19

7 NAME OF FUNERAL DIRECTOR Arthur J. O'Maley  
Winthrop, Mass.

ADDRESS

Received and filed JAN 23 1959 19

(Registrar of City or Town where deceased resided)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of Marie Pilaski  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 62 Years 8 Months 2 Days If under 24 hours Hours Minutes

13 Usual Occupation: Machinist - Retired  
(Kind of work done during most of working life)

14 Industry or Business: 001-10-82 88

15 Social Security No. 16 BIRTHPLACE (City) Biddeford, Me.  
(State or country)

17 NAME OF FATHER John B. LaRoche

18 BIRTHPLACE OF FATHER (City) Unk.  
(State or country) Canada

19 MAIDEN NAME OF MOTHER Pamala Evanturel

20 BIRTHPLACE OF MOTHER (City) Unk.  
(State or country) Canada

21 Informant: Mary E. Sheehan  
(Address) Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Dec. 5, 1958 19

25M-2-56-922072

RECEIVED



JAN 23 1959 AM

PLACE OF DEATH

Middlesex

(County)

Cambridge

(City or Town)

No.

7 Chester

2 FULL NAME

Edmund J. Barry

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No.

6 Edgehill Rd.

(Usual place of abode)

St.

Winthrop

(If nonresident, give city or town and State)

Length of stay: In place of death.....years.....months.....days. In place of residence.....years.....months.....days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

Dec. 7, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec. 22, 1958, to Dec. 7, 1958

I last saw him alive on Dec. 7, 1958, death is said to

have occurred on the date stated above, at 3:10a.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

?

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a)

General Arteriosclerosis

Due To

(b)

Senility

?

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONSBenign Prostatic Hyper-  
trophy

?

Was autopsy performed?

no

What test confirmed diagnosis?

clinical

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Francis D. Peters

M. D.

(Address)

117 Elm St.

Date

12/7/ 1958

6

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

December 10,

1958

7 NAME OF FUNERAL DIRECTOR

Maurice A. Kirby

ADDRESS

210 Winthrop St. Introp

Received and filed

JAN 12 1959

19

(Registrar of City or Town where deceased resided)

## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

COPY OF

## CERTIFICATE OF DEATH

Registered No.

1764

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(Was deceased a

U. S. War Veteran,

if so specify WAR)

No

St.

Winthrop

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX

Male

9 COLOR

White

10 SINGLE (write the word)

MARRIED

WIDOWED

or DIVORCED

idowed

10a If married, widowed, or divorced

HUSBAND of Bridget Sheehan

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

90

Years

Months

Days

If under 24 hours

Hours

Minutes

13

Usual

Occupation

Retail Clerk

(Kind of work done during most of working life)

14

Industry

or Business

Grocery

15

Social Security No.

16

BIRTHPLACE (City)

(State or country)

Boston

Mass.

17 NAME OF FATHER

Richard J. Barry

18 BIRTHPLACE OF FATHER (City)

(State or country)

Ireland

19 MAIDEN NAME OF MOTHER

Mary Flynn

20 BIRTHPLACE OF MOTHER (City)

(State or country)

Ireland

21

Informant

(Address)

Edmund J. Barry

6 Winthrop St. Introp

A TRUE COPY

ATTEST:

Frederick H. Morris  
(Registrar of City or Town where death occurred)

DATE FILED

Dec. 9, 1958

V.B.V.

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

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P. 46, §§ 9 &amp;

P. 114 §§ 45,

AP. 38 § 6.)

0-50-923886

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

## STANDARD

## CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or Its Agent.

Registered No. 11812

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,  
St. [give its NAME instead of street and number])

2 FULL NAME Julius DE LEVA

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a  
U. S. War Veteran,  
if so specify WAR) WW I(a) Residence. No. 1050 Shirley  
(Usual place of abode)

St. Winthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death years months 2 days. In place of residence 10 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 14, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
December 12, 19 58, to December 14, 19 58  
~~XXXXXX~~ death is said to  
have occurred on the date stated above, at 12:40 A.M.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Cerebral vascular accident

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

2 Days

Due To (b) Thrombosis of major cerebral  
vessel ? basilar.

2 Days

Due To (c) Arteriosclerosis.

Years

OTHER SIGNIFICANT CONDITIONS Hypertension.  
Old anterior myocardial  
infarction

Years

Years

Was autopsy performed?

Clinical & laboratory  
findings

What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) J. H. B. M.D.

(Address) W.A.H., Boston, Mass. Date 12-14-19 58

6 Winthrop Cemetery Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 17, 19 58

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St., Winthrop, Mass.

Received and filed

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED  
WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced,  
HUSBAND of Kathryn Pulsifer  
(Give maiden name of wife in full)(or) WIFE of  
(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 67 Years 6 Months 4 Days If under 24 hours  
Hours Minutes13 Usual Occupation: Postal Carrier (Retired)  
(Kind of work done during most of working life)

14 Industry or Business: U.S. Government

15 Social Security No. C-136

16 BIRTHPLACE (City) Naples  
(State or country) Italy

17 NAME OF FATHER Antonio De Leva

18 BIRTHPLACE OF FATHER (City) Italy  
(State or country)

19 MAIDEN NAME OF MOTHER Ernestine Palma

20 BIRTHPLACE OF MOTHER (City) Italy  
(State or country)21 Informant VA Hospital Records  
(Address) 150 S. Huntington Ave., BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

RECEIVED



FEB 22 1959 AM

A TRUE COPY ATTEST:

*Charles H. Mackie*  
City Registrar

R-301A

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114 § 45,

P. 38 § 6.)

2 1958

50-923000

PLACE OF DEATH

Suffolk

(County)

Boston

(City or Town)



## The Commonwealth of Massachusetts

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICSSTANDARD  
CERTIFICATE OF DEATH

OUT - OF - TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 11757

No. Veterans Administration Hospital

(If death occurred in a hospital or institution,  
St. (give its NAME instead of street and number))

2 FULL NAME Durando COLANGELO

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence, No. 104 Taft Ave.,  
(Usual place of abode)

x Winthrop, Massachusetts

(If nonresident, give city or town and State)

Length of stay: In place of death years months 7 days. In place of residence 5 years months days.

## MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 15, 1958  
(Month) (Day) (Year)4 I HEREBY CERTIFY, That I attended deceased from  
December 8, 1958, to December 15, 1958

death is said to

have occurred on the date stated above, at 6:30 A. M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Herniation of left temporal  
lobe against free edge of

23 Hrs

Due To tentorium.

(b)

Due To Left temporal lobe tumor.

(c)

1 1/2 Yrs

OTHER  
SIGNIFICANT CONDITIONS Cerebral edema, left.

Hrs.

Was autopsy performed?

Yes.

What test confirmed diagnosis? Autopsy &amp; Clinical

5 Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) Clement E. LaCoste, M. D.

(Address) VAH Boston, Mass. Date Dec. 15 1958

6 Winthrop Cemetery, Winthrop, Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 17 1958

7 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St., Winthrop, Mass.

Received and filed

DEC 18 1958

(Registrar)

## PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR White 10 SINGLE (write the word)  
MARRIED WIDOWED Married  
or DIVORCED10a If married, widowed, or divorced  
HUSBAND of Gertrude Mac Lannan  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 49 Years 1 Months 18 Days If under 24 hours  
Hours Minutes13 Usual Occupation: laborer (Retired)  
(Kind of work done during most of working life)

14 Industry or Business: Boston Naval Shipyard

15 Social Security No. 020-10-3589

16 BIRTHPLACE (City) Lynn  
(State or country) Massachusetts

17 NAME OF FATHER Marco Antonio Colangelo

18 BIRTHPLACE OF FATHER (City)  
(State or country) Italy

19 MAIDEN NAME OF MOTHER Amelia (Unknown)

20 BIRTHPLACE OF MOTHER (City)  
(State or country) Italy21 Informant VA Hospital Records  
(Address) 150 S. Huntington Ave., BostonI HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

V.B.V.

RECEIVED



FEB - 2 1959 AM

A TRUE COPY

*Charles M. Mackie*

City Registrar

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible, after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25M-8-36-918227

PLACE OF DEATH

Worcester  
(County)  
Charlton  
(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
COPY OF  
CERTIFICATE OF DEATH

Charlton  
(City or Town making this return)

No. **Masonic Home**

Registered No. **227**  
{(If death occurred in a hospital or institution, give its NAME instead of street and number)}

2 FULL NAME **Robert Logan Ennis**  
(If deceased is a married, widowed or divorced woman, give also maiden name.)

{(Was deceased a U. S. War Veteran, if so specify WAR.)}

(a) Residence. No. **Winthrop, Massachusetts**  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death **6** years **4** months **21** days. In place of residence **6** years **4** months **21** days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH **December 16, 1958**  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from **7/16** to **12/16**, **58**  
I last saw **in** alive on **12/16**, **58**, death is said to

have occurred on the date stated above, at **12:35a.** m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) **Arterio-sclerotic Heart Disease** **1 yr. +**

INTERVAL BETWEEN ONSET AND DEATH

Due To (b)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? **No**  
What test confirmed diagnosis?

5 Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify

(Signed) **Morris Ditch**, M. D.

(Address) **Charlton, Mass.** Date **12/16**, **58**

**Crematory-Rural Cemetery, Worcester, Mass.**  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL **December 18, 58**

7 NAME OF FUNERAL DIRECTOR **George Sessions Sons Co.**

ADDRESS **71 Pleasant St., Worcester, Mass.**

Received and filed **JAN 12 1959**

(Registrar of City or Town where deceased resided)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX **Male** 9 COLOR **White** 10 SINGLE (write the word) **MARRIED**  
**WIDOWED** or **DIVORCED**

10a If married, widowed, or divorced **HUSBAND** **Hattie E. Mathews**  
(Give maiden name of wife in full)

(or) WIFE of **(Husband's name in full)**

11 IF STILLBORN, enter that fact here.

12 **89** Years **2** Months **21** Days If under 24 hours **Hours** **Minutes**

13 Usual Occupation **Merchant, Gift Shop**  
(Kind of work done during most of working life)

14 Industry or Business **Retired**

15 Social Security No. **021-14-3532A**

16 BIRTHPLACE (City) **Philadelphia**  
(State or country) **Pennsylvania**

17 NAME OF FATHER **George W. Ennis**

18 BIRTHPLACE OF FATHER (City) **Philadelphia**  
(State or country) **Pennsylvania**

19 MAIDEN NAME OF MOTHER **Amanda Tustin**

20 BIRTHPLACE OF MOTHER (City) **Philadelphia**  
(State or country) **Pennsylvania**

21 Informant **Mark L. Ball, Superintendent**  
(Address) **Masonic Home, Charlton, Mass.**

A TRUE COPY

ATTEST: **Robert V. Pisk**  
(Registrar of City or Town where death occurred)

DATE FILED **Dec. 17, 1958**

RECEIVED



JAN 12 1969 AM

OUT - OF - TOWN 278

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF DEATH

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No. 12055

No.

MASSACHUSETTS GENERAL HOSPITAL

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME CHARLES T. CLARK

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, YES  
if so specify WAR) WINTH

(a) Residence, No. 17 CENTER STREET  
(Usual place of abode)

St. WINTHROP, MASS.  
(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH DECEMBER 22 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY That I attended deceased from  
Dec. 10, 19 58 to Dec. 22, 19 58  
I last saw him alive on Dec. 22, 19 58, death is said to  
have occurred on the date stated above, at 12:30 A. M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH  
WEEKS  
1 DAY

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) DUODENAL ULCERS 2 -  
HEMORRHAGE

Due To (b) (POST-INFECTIONOUS  
POLYNEURITIS)

16 DAYS

Due To (c)

OTHER SIGNIFICANT CONDITIONS STAPHYLOCOCCAL  
PNEUMONIA

8 DAYS

Was autopsy performed? YES

What test confirmed diagnosis? AUTOPSY

5 Was disease or injury in any way related to occupation of deceased? NO  
If so, specify

(Signed) Ch. Clay, M. D.

(Address) Asst. Dir. Mass. Gen'l Hosp. Date 12/22/ 19 58

6 Winthrop Cemetery, Winthrop Mass.  
Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 26, 1958

7 NAME OF FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop Mass.

Received and filed Charles H. Mackie

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 9 COLOR white 10 SINGLE (write the word)  
MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced  
HUSBAND of Mary Frances Wood  
(Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 36 Years 2 Months 1 Days  
If under 24 hours Hours Minutes

13 Usual Occupation: Auditor  
(Kind of work done during most of working life)

14 Industry or Business: Hotel Chain

15 Social Security No. 022 16 5971

16 BIRTHPLACE (City) Winthrop (Suffolk) Mass.  
(State or country)

17 NAME OF FATHER Charles Louis Clark

18 BIRTHPLACE OF FATHER (City) Hyde Park (Boston) Mass.  
(State or country)

19 MAIDEN NAME OF MOTHER Dorothea Emma Raithel

20 BIRTHPLACE OF MOTHER (City) Boston, Mass.  
(State or country)

21 Informant Mary F. Clark  
(Address) 17 Centre St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death  
was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

PLACE OF DEATH

1

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1958

A TRUE COPY ATTEST:

Charles H. Mackie

City Registrar

RECEIVED



FEB 2 1959 AM

EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

To be filed for burial permit  
with Board of Health  
or its Agent

STANDARD  
CERTIFICATE OF DEATH

Registered No.

12051

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



No. MASSACHUSETTS MEMORIAL HOSPITALS

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

EUGENE PATRIDGE WHITTIER

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT

(Was deceased a  
U. S. War Veteran, NO  
if so specify WAR)

(a) Residence. No.

360 INGELSDOE AVENUE

Winthrop, Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death years months days. In place of residence years months days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

DECEMBER 22 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

11/25, 1958, to 12/22, 1958

I last saw him alive on 12/22, 1958, death is said to

have occurred on the date stated above, at 9:10 A.M.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) CHRONIC OBSTRUCTIVE PULMONARY EMPHYSEMA

Due To

(b)

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

PNEUMONIA

Was autopsy performed? YES

What test confirmed diagnosis? EXPIROGRAMS, X-RAYS

5 Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Arthur L. Finin, M. D.

(Address) Mass. Mem. Hosp. Date Dec 22 1958

6 Woodlawn Cemetery, Everett Mass.

Place of Burial or Cremation (City or Town)

DATE OF BURIAL December 26, 1958

7 NAME OF

FUNERAL DIRECTOR Alfred B. Marsh

ADDRESS 174 Winthrop St. Winthrop Mass

Received and filed.

DEC 29 1958

Charles H. Mackay (Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

male

9 COLOR

white

10 SINGLE (write the word)

MARRIED married  
WIDOWED  
or DIVORCED

10a If married, widowed or divorced  
HUSBAND of Norma Martin Henderson

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

78

3

0

AGE Years Months Days

If under 24 hours

Hours Minutes

13 Usual

Occupation:

Self Employed

(Kind of work done during most of working life)

14 Industry

or Business:

Real Estate & Insurance

15 Social Security No.

016-26-9704

16 BIRTHPLACE (City)

(State or country)

Boston

MASS.

17 NAME OF

FATHER

Charles Henry Whittier

18 BIRTHPLACE OF

FATHER (City)

(State or country)

Grenich

N.Y.

19 MAIDEN NAME

OF MOTHER

Jane Elizabeth Campbell

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Natick

MASS.

21

Informant

(Address)

Mrs. Ernest E. Hardy

14 Eggleston Ter. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

J. Meade

(Signature of Agent of Board of Health or other)

(Official Designation)

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

RECEIVED



FEB - 21 1959 AM

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50M-1-58-921976

1959

PLACE OF DEATH

SUFFOLK

(County)

BOSTON

(City or Town)



The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

STANDARD

CERTIFICATE OF DEATH

MASSACHUSETTS GENERAL HOSPITAL

OUT OF TOWN

To be filed for burial permit  
with Board of Health  
or its Agent.

Registered No:

12212

No.

(If death occurred in a hospital or institution,  
St. give its NAME instead of street and number)

2 FULL NAME

Skehan, John

(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT

(Was deceased a

U. S. War Veteran,

if so specify WAR) no

(a) Residence. No.

66 Plumber Ave.

Winthrop Mass.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of stay: In place of death 21 years 15 months 15 days. In place of residence 15 years 15 months 15 days.

MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH

December 27, 1958

(Month)

(Day)

(Year)

4 I HEREBY CERTIFY, That I attended deceased from

Dec 7, 1958, to Dec 27, 1958

We last saw him alive on Dec 27, 1958, death is said to

have occurred on the date stated above, at 9:55 p.m.

INTERVAL  
BETWEEN  
ONSET AND  
DEATH

days

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Peritonitis, fecal

Due To

(b) Perforation, carcinoma of transverse colon

days

Due To

(c)

OTHER  
SIGNIFICANT  
CONDITIONS

Status post left colectomy

20 days

Was autopsy performed? Yes

What test confirmed diagnosis? Autopsy

5 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Ch. Clay

M. D.

(Address)

Aast. Dir. Mass. Gen'l Hosp.

Date

19

6 Holy Cross

Malden

Place of Burial or Cremation

(City or Town)

DATE OF BURIAL

Dec 30

1958

7 NAME OF

FUNERAL DIRECTOR Wm. W. Ruby

ADDRESS

Winthrop, Mass.

Received and filed

DEC 31 1958

(Registrar)

PERSONAL AND STATISTICAL PARTICULARS

8 SEX

9 COLOR

10 SINGLE (write the word)

Male

White

MARRIED

WIDOWED

or DIVORCED

Single

10a If married, widowed, or divorced

HUSBAND of

(Give maiden name of wife in full)

(or) WIFE of

(Husband's name in full)

11 IF STILLBORN, enter that fact here.

12

AGE

48

Years

Months

Days

If under 24 hours

Hours

Minutes

13 Usual

Occupation:

Laborer

(Kind of work done during most of working life)

14 Industry

or Business:

General

15 Social Security No.

none

16 BIRTHPLACE (City)

(State or country)

East Boston, Mass.

17 NAME OF

FATHER

John Skehan

18 BIRTHPLACE OF

FATHER (City)

(State or country)

East Boston, Mass.

19 MAIDEN NAME

OF MOTHER

Alice Koda

20 BIRTHPLACE OF

MOTHER (City)

(State or country)

Lowell, Mass.

21

Informant

(Address)

Maria Carey  
66 Plumber Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

T. Meads

(Signature of Agent of Board of Health or other)

693

(Official Designation)

12-24-58

(Date of Issue of Permit)

A TRUE COPY ATTEST:

*Charles H. Mackie*

City Registrar

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FEB - 2 1959 AM

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town in which the deceased at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

R-302

# The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS

Danvers

(City or Town making this return)

PLACE OF DEATH

Essex

(County)

Danvers

(City or Town)



## COPY OF CERTIFICATE OF DEATH

Registered No. 281

No. Danvers State Hospital, Hathorne St. { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Fox (Alice Burke) { (If deceased is a married, widowed or divorced woman, give also maiden name.)  
(Was deceased a U. S. War Veteran, no if so specify WAR)

(a) Residence. No. 125 Cliff Ave, Winthrop, Mass. St. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of stay: In place of death years 8 months 10 days. In place of residence years months days.

### MEDICAL CERTIFICATE OF DEATH

3 DATE OF DEATH December 31, 1958  
(Month) (Day) (Year)

4 I HEREBY CERTIFY, That I attended deceased from April 21, 1958 to Dec. 31, 1958  
I last saw him alive on Dec. 31, 1958, death is said to have occurred on the date stated above, at 6:25 a.m.

DEATH WAS CAUSED BY: IMMEDIATE CAUSE

(a) Generalized Arteriosclerosis  
INTERVAL BETWEEN ONSET AND DEATH yrs

Due To (h)

Due To (c)

OTHER SIGNIFICANT CONDITIONS

Was autopsy performed? no  
What test confirmed diagnosis? Clinical & Laboratory

5 Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) Andrew Nichols, III, M. D.  
(Address) Hathorne, Mass. Date 12/31/58

6 Holy Cross Cemetery - Malden, Mass.  
Place of Burial or Cremation (City or Town)  
DATE OF BURIAL January 5, 1959

7 NAME OF FUNERAL DIRECTOR F. McGlinchey  
ADDRESS Chelsea, Mass.

Received and filed JAN 2 1959 19

(Registrar of City or Town where deceased resided)

### PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female 9 COLOR White 10 SINGLE (write the word) MARRIED WIDOWED or DIVORCED

10a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Richard Fox (Husband's name in full)

11 IF STILLBORN, enter that fact here.

12 AGE 82 Years 7 Months 14 Days If under 24 hours Hours Minutes

13 Usual Occupation: Unable to work (Kind of work done during most of working life)

14 Industry or Business:

15 Social Security No. unk.

16 BIRTHPLACE (City) Cherryfield, (State or country) Maine

17 NAME OF FATHER Henry Burke

18 BIRTHPLACE OF FATHER (City) unk. (State or country) Ireland

19 MAIDEN NAME OF MOTHER Catherine Sullivan

20 BIRTHPLACE OF MOTHER (City) unk. (State or country) Ireland

21 Informant (Address) George T. Brinigion, Hathorne, Mass.

A TRUE COPY

ATTEST: (Registrar of City or Town where death occurred)

DATE FILED Jan. 9, 1959



RECEIVED



JAN 23 1959 AM







